BUHS Local Scholarship Application

- Applicant must be currently enrolled in the BUHS Class of 2019 to apply.
- Do not change the format of this application.
- Contact Mrs. Andersen if you have questions.
- Deadline to submit: 3:30 PM, Thursday, March 21, 2019

Contact Information

Name	
Street Address	
City ST ZIP	
Home Phone	
Cell Phone	
E-Mail Address	

Type of Scholarship Consideration

Check which type(s) of scholarship consideration you are hoping to receive.

☐ Academic ☐ Merit ☐ Vocational ☐ Financial Need

List your post-secondary educational goals

First Career Choice:	
Second Career Choice:	
Educational Degree/Certificate:	
General Course of Study:	
Other:	

List specific schools/colleges/training institutions to which you have applied or plan to apply. Indicate if you have been accepted.

List as follows: NAME APPLIED ACCEPTED NOT APPLIED.

List any scholarships/grants you have applied and indicate notification of awards/amounts

List as follows: NAME AMOUNT AWARDED NOT AWARDED NO NOTIFICATION

List high school honors and awards you have received.

EX: Girls State Rep (11th); Honor Roll (9/10/11/12); Honor The Way (10th)

List other leadership positions (club, athletic, organizations off/on campus, etc.) held.

EX: ASB president (12th); Baseball Captain (10th/12th); Latino Club Secretary (10th)

List school clubs/athletic/school activities involvement:

EX: CSF Member (4 years); Spanish Club (10th/11th); Jazz Band Member (12th); Prom Committee (11th)

List community/volunteer service or service group involvement.

EX: Fish Slough Clean-up (11th); Boy Scouts (6 yrs); Church Group (5 yrs); Road Run Volunteer (12th)

List your work experience during high school

Indicate positon(s), full/Part-time, Month(s)/year

If your parent(s) or grandparent(s) are BUHS alumni, please indicate name and include graduation year:

FINANCIAL INFORMATION

A copy of the FAFSA SAR form may be requested by a particular scholarship sponsor. Since all scholarships are not based solely upon financial need and we respect your privacy, the information requested on this page is OPTIONAL. However, this information may be required by certain scholarship committees and may be used in determining a scholarship recipient.

List your expected tuition/registration costs per year?

Indicate if any tuition/registration is waived.

List your expected living arrangements and costs per year

Student dorm cost, renting, boarding with family/friends, etc.

Are there any other additional college costs:

Special fees, uniform costs, lab feels special deposits, etc.

Expected Family Contribution

A copy of the FAFSA SAR form may be requested.

CONTRIBUTION per YEAR		
Father's Occupation and 2018 Income before taxes		
Mother's Occupation and 2018 Income before taxes		
Number of Dependents		
Dependents currently in college		

Please indicate any circumstances that might affect your ability to finance your education:

Clarification or additional financial information can be obtained by contacting the following parent/guardian:

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NAME/relationship	
Day phone	
Evening phone	

PERSONAL INFORMATION ESSAY

Please limit your response to the space provided. Elaborate on the following two topics:

(1) Explain what/who influenced your decision to pursue your career choice(s) indicated on page 1.

(2) Explain your college/school choice(s) indicated on page 1.

By my typed signature below and submission of this application, I understand that all financial assistance/awards I may receive will be used as directed by the scholarship sponsors and only for the purposes they may specify. Should I not complete my obligation, I will refund all money I have received. Also, it is my responsibility to have the college registrar certify and/or provide required proof that I am in attendance before I receive any funds.

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NAME	
Date	