Community Scholarship Application 2019-2020

This application must be legibly printed or typed and completed in its entirety for consideration.

Student Name	First Name	Middle Initial	Last Name	
Student Address			Last Ivaine	
City/Zip Code/County				
Student Home Phone Numb	per ()			
E-mail			_ Student ID#	
General Information:				
Name of Parents/Guardians				
Number of dependent child	ren in the home (includ	ding applicant)		
Next year, how many members	bers of your family (in	cluding parents) will be in	n college or technical school?	
Schools Attended:				
Elementary(s)			Year(s) Attended	
Junior High/Middle(s)			Year(s) Attended	
High School you are now a	ttending		_ City	
Date of Graduation			_	
Academic/School Inform	mation:			
1. What is your anticipated	l major?			
2. Where are you planning	to attend college?			
3. To what colleges have y	ou been accepted?			
4. What high school honor	s have you received?			

PLEASE MAKE A MASTER COPY OF ALL THE MATERIALS FOR YOUR RECORDS!