

ACTIVITIES

Please attach a typewritten sheet (or sheets) in which you clearly discuss the following matters: numbering each category clearly:

- 1) List of activities
- 2) List of work experiences
- 3) A paragraph on personal goals, interests and career plans **or** a copy of your college essay
- 4) Describe any personal accomplishments or special family circumstances that you would like us to take into consideration in reviewing your application

To be completed by a school official

Student Rank _____ in class of _____ Cumulative Weighted GPA _____ As of _____
(4.0 scale) Date

11th Grade State Assessment: ELA _____ Math _____ Science _____

SAT I Scores: Verbal _____ Math _____ Writing _____ Combined _____

ACT Scores: Verbal _____ Math _____ Writing _____ Combined _____

Other Test Information

Signature _____ Title _____ Date _____

Student's Transcript

Your high school transcript must accompany this application; without it your application will not be considered. The transcript must be an official copy provided by your guidance office.

You must complete the STUDENT INFORMATION section. If you are **not** an independent student, please have your parents complete the PARENT INFORMATION section of this form using the same information as on their most recent IRS Tax Return. You are considered an independent student if you are over 24 years of age; or have a child; or are homeless or under threat of being homeless.

STUDENT INFORMATION

Adjusted Gross Income \$ _____

Untaxed Income and Benefits (child support, AFDC, ADO, Social Security Income) \$ _____

Total Investments and Assets (excluding residence and car) \$ _____

Current Liabilities (excluding residence and car) \$ _____

Student's Social Security number ____ - ____ - _____

Please note: Social Security numbers, like all information on the application, are kept in strict confidentiality. Students who wish to may write the Social Security number, seal it in an envelope with the student's name on the outside, and attach it to the application. Scholarship awards will be made to students who have supplied the Treasurer with a Social Security number.

PARENT INFORMATION

Parents' Marital Status as of Today: Single ___ Married ___ Separated ___ Divorced ___ Widowed ___
(The same information is required on the student's Free Application for Federal Student Aid (FAFSA form.)

Parent (s) Disabled: Yes ___ No ___ Head of Household Unemployed: Yes ___ No ___
List all dependents living at home by name and age:

How many will be college students during the school year for which you are requesting scholarship funds?

Adjusted Gross Income \$ _____

Medical/dental expenses not covered by insurance \$ _____

Untaxed Income and Benefits (child support, AFDC, ADO, Social Security Income) \$ _____

Total Investments and Assets (excluding residence and car) \$ _____

Current Liabilities (excluding residence and car) \$ _____

APPLICANT/PARENT CERTIFICATION

I certify that all of the information on this form is true and complete to the best of my knowledge:

Applicant Signature and Date

Parent Signature and Date

