

SCHOOL DATA

Elementary School(s) Attended _____

High School Attended _____ Graduation Date _____
 Month/Year

Name of post-secondary school for which applicant's scholarship is requested:

Address _____
 Street

City _____ State _____ Zip Code _____ Accredited Yes No

4-yr. College/University Community College Technical School Other

Residence status: reside on campus reside off campus commute

Enrollment status: full-time half-time or more less than half-time

Anticipated date of graduation from post-secondary program _____
 Month/Year

Major field of study applicant plans to pursue _____

Yearly Cost of Attendance _____ (Tuition + Room/Board)

OTHER AWARDS

Please list below the name and amount of any grants or scholarships that you have been awarded:

NAME OF AWARD	AMOUNT	GRANTED	PENDING

PERSONAL DATA

WORK EXPERIENCE: Describe your work experience over the past four (4) years. Indicate dates of employment in each job and the approximate number of hours worked each week. List amount(s) earned at each job. [20 POSSIBLE POINTS]

POSITION	DATE FROM (MO/YR)	DATE TO (MO/YR)	HOURS PER WEEK	AMOUNT EARNED

SCHOOL/COMMUNITY ACTIVITIES: List all school activities in which you have participated during the past four (4) years (e.g. student government, music, sports, etc.). List all community activities in which you have participated without pay over the past four (4) years (e.g. volunteer work, Girl/Boy Scouts, church activities, etc.). Indicate any special awards or honors. [30 POSSIBLE POINTS]

ACTIVITY	NUMBER OF YEARS	AWARDS/HONORS

MAKE A STATEMENT OF YOUR PLANS AS THEY RELATE TO YOUR EDUCATIONAL AND CAREER OBJECTIVES AND FUTURE GOALS.

[20 POSSIBLE POINTS]

PLEASE DESCRIBE HOW AND WHEN ANY ADVERSE FAMILY OR PERSONAL CIRCUMSTANCES HAVE AFFECTED YOUR ACHIEVEMENT IN SCHOOL, WORK EXPERIENCE, OR PARTICIPATION IN SCHOOL AND COMMUNITY ACTIVITIES (10 possible points).

[10 POSSIBLE POINTS]

APPLICANT APPRAISAL
(To be completed by a teacher)

[40 POSSIBLE POINTS]

DIRECTIONS: YOU HAVE BEEN ASKED TO PROVIDE INFORMATION IN SUPPORT OF THIS SCHOLARSHIP APPLICATION. PLEASE RETURN YOUR APPRAISAL TO THE APPLICANT OR THE HIGH SCHOOL GUIDANCE OFFICE.

The applicant's choice of a post-secondary education program is

_____ extremely appropriate _____ very appropriate _____ moderately appropriate _____ inappropriate

The applicant's achievements reflect his/her ability

_____ extremely well _____ very well _____ moderately well _____ not well

The applicant's ability to set realistic and attainable goals is

_____ excellent _____ good _____ fair _____ poor

The quality of the applicant's commitment to school and community is

_____ excellent _____ good _____ fair _____ poor

The applicant is able to seek, find, and use learning resources

_____ extremely well _____ very well _____ moderately well _____ not well

The applicant demonstrates curiosity and initiative

_____ extremely well _____ very well _____ moderately well _____ not well

The applicant demonstrates good problem-solving skills, follows through, and completes tasks

_____ extremely well _____ very well _____ moderately well _____ not well

The applicant's respect for self and others is

_____ excellent _____ good _____ fair _____ poor

Comments (do not name the student):

Appraiser's Signature

Title

TRANSCRIPT INFORMATION

(to be completed by the school counselor)

APPLICANT RANKS _____ IN A CLASS OF _____ [80 POSSIBLE POINTS]

SAT SCORES: _____ CRITICAL READING _____ MATH [40 POSSIBLE POINTS]

SCHOOL COUNSELOR'S SIGNATURE

Return the completed application/financial assistance questionnaire (FAQ) to the Spring Grove Area High School Guidance Office by 4:00 PM on FRIDAY, March 12, 2010.

LATE APPLICATIONS CANNOT BE ACCEPTED.