



APPLICATION
COLLEGE SCHOLARSHIPS
for
HIGH SCHOOL SENIORS & COLLEGE STUDENTS

Name _____ Email _____

Address/City/State/Zip _____

Age _____ Date of Birth _____ Marital status single married Phone _____

College you will attend _____

College address _____

Proposed college degree _____

Last marking period average _____ Work experience _____

References (please include phone numbers) _____

How did you hear of this scholarship? _____

Parent's name and occupation _____ Work Phone _____

Employed by _____ SBE member? _____ Yes _____ No

Parent's name and occupation _____ Work Phone _____

Employed by _____ SBE member? _____ Yes _____ No

Brothers/sisters' names/ages _____

Extra-curricular activities _____

Other scholarships and/or financial assistance you are receiving _____

Are there any extraordinary circumstances, e.g., financial situations, etc., that should be considered by the committee? If so please explain below, on reverse side or on an attached sheet.

Signature _____ Date _____

See Reverse side for submitting application

