

SCHOLARSHIP APPLICATION

(NOTE: Typewritten statements are preferred to hand written submissions. Statements must be signed in all instances. Your completed application will not be returned.)

Applicant's Name: Ms./Mr. _____

Applicant's Address: _____

City

State

Zip

Telephone: _____

High School: _____

School Address: _____

City

State

Zip

Date of Graduation: _____

Cumulative GPA _____ Rank in Class: _____ of _____

Signature

Date

Schools Attended (grades 9 - 12)

Name of School	Date of Entrance	Period Attended
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Honors & Awards (state year & nature of honor or award.)

Scholastic: _____

Extra Curricular: _____

Civic (non-school related:) _____

Offices & positions of leadership. (State the name of organization, position & year.)

Scholastic: _____

Extra Curricular: _____

Civic: _____

Participation in school extra-curricular activities, where no office was held, indicating organization & year.

Scholastic: _____

Extra Curricular: _____

Civic: _____

State your plans for enrollment in an accredited college or university: _____

Have you been granted scholarship aid? ___Yes ___No If yes, give details. _____

State other applications you have made for scholarship aid. Give details. _____

Have you reason to expect scholarship aid from any other source? _____

If yes, give details. _____

Positions held in gainful employment, periods of employment, average time employed each week, earnings, savings, etc.

SCHOLARSHIP RECOMMENDATION

Please returns this form to: Bev Davenport, Counselor
Cascade High School

Name of Scholarship Applicant: _____

The student named above is making application for a Scholarship. Your frank evaluation of this candidate will be used in making the selection of the recipient.

1. Ability:

2. Leadership:

3. Personality:

4. Estimate of Student's Potential:

Date _____

Signed _____ Position _____