

SCHOLARSHIPS

PRE-APPLICATION FORM

Personal Information

Student's Name: Click or tap here to enter text.			
Home Address: Click or tap here to enter text.			
City Click or tap here to enter text.	State Choose an item.	Zip Click or tap here to enter text.	

Home Phone: Click or tap here to enter text.	Cell Phone: Click or tap here to enter text.
Email Address: Click or tap here to enter text.	

Date of Birth: Month: Choose an item.	Day: Choose an item.	Year: Choose an item.
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School Information

School Name: Click or tap here to enter text.		
School Address: Click or tap here to enter text.		
City: Click or tap here to enter text.	State: Choose an item.	Zip: Click or tap here to enter text.
Grade Point Avg.: Click or tap here to enter text.	Class Rank: Click or tap here to enter text.	

School Extracurricular Activity
Click or tap here to enter text.
Community Service
Click or tap here to enter text.

College Plans

Which college or university is your top choice?	Click or tap here to enter text.
What is your intended major?	Click or tap here to enter text.
What are your career goals? Click or tap here to enter text.	

Meeting College Cost

Are you approved for financial aid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending
Have you received other scholarships?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending
How would you rate your need for financial assistance?	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High

Signature

____ Click or tap to enter a date.
Today's Date