

Office use: received _____
Ready _____

10-11

02/24/11

*****RETURN THIS FORM TO GUIDANCE BY MARCH 15TH****

SCHOLARSHIP APPLICATION FOR CULVER COMMUNITY SCHOOLS

The following information is requested by the Guidance Department and the Scholarship Committee to assist in choosing the recipients of the scholarships offered on the attached sheets. All information will be confidential.

NAME _____ PHONE NUMBER _____

ADDRESS _____ DATE OF BIRTH _____
(street) (city)

PARENT/GUARDIAN _____

ADDRESS _____

OCCUPATION OF FATHER _____ MOTHER _____

PLACE OF FATHER'S EMPLOYMENT _____

PLACE OF MOTHER'S EMPLOYMENT _____

OTHER MEMBERS OF FAMILY ATTENDING POST HIGH SCHOOL INSTITUTIONS:

NAME RELATIONSHIP SCHOOL YEARS TO COMPLETE

LIST ANY SCHOLARSHIPS/AID YOU HAVE ALREADY RECEIVED (church, 4H, etc.):

**SCHOLARSHIPS APPLYING FOR
(DO NOT need applications)**

**SCHOLARSHIPS APPLYING FOR
(DO need applications)**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

(use reverse side if necessary)

SOC. SEC. # _____ SIGNED _____

I PLAN TO ATTEND (college, etc.) _____