

# West Holt HIGH SCHOOL FOUNDATION

## SCHOLARSHIP APPLICATION

Deadline is Feb 2

Please type all information. Attach an additional sheet if extra space is needed.

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Presently living with: Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Number of family members currently enrolled half time or more in college \_\_\_\_\_

End of 6<sup>th</sup> Semester High School GPA (100pt scale) \_\_\_\_\_ Class Rank \_\_\_\_\_

This scholarship is based on student needs for financing your education. Please list any other scholarships or financial assistance you are aware you will be receiving. Please list amounts if known.

Your future goals-relate to us what you expect to be doing 20 years.

Please list two high school instructors or employers whom the scholarship committee may contact for further information concerning your high school career.

In a ½ page summary, write how West Holt High School has prepared you for this above future goal – include both academics and activities. If you need additional writing space, please use another sheet.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please return this application to the High School Guidance Counselor on or before Feb 2<sup>nd</sup>.  
Applications will be forwarded to WHHS Foundation Scholarship Committee.