

CRAIS FAMILY COMMUNITY ENRICHMENT SCHOLARSHIP APPLICATION SCHOLARSHIP

Name _____

Address _____

P.O. Box _____ City _____ State _____ Zip _____

Phone _____ S.S.# _____

GPA _____ ACT _____

Number of younger brothers and sisters _____

Name of Parent(s) or Guardian _____

Occupation of Parents/Guardians _____

To which college(s) have you applied? _____

Were you accepted? _____

Have you already received any scholarships? _____

What profession or vocation do you hope to prepare for in college? _____

What academic honors have you won in high school? _____

What offices and positions of responsibility have you held in extracurricular activities?

Have you worked to earn part of your expenses while in high school? _____

Where have you been employed and in what position? _____

Have you applied for FINANCIAL AID? Yes _____ No _____

If yes, have you received any Financial Aid? Yes _____ No _____

Lottery Scholarships are only available for students who apply with the FAFSA.

ESSAY: On the back of this form, please tell us why you wish to continue your education

ALL BLANKS must be complete in order to be considered for a scholarship. Many local scholarships recipients are selected by the scholarship donor. Please sign this form if you are willing to have this information shared with local scholarship donors.

Please return to Guidance Office by May 3rd 3:00

FINANCIAL NEED – Please indicate your family’s adjusted gross income from last year’s tax return.

Total number of family members living at home _____ Children _____

Ages _____ Number attending college _____

Other considerations which need to be noted:

PLEASE DESCRIBE IN YOUR OWN WORDS WHY YOU FEEL YOU DESERVE THE SCHOLARSHIP.

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE AND CORRECT.

APPLICANT’S SIGNATURE _____ DATE _____

ATTACH A COPY OF HIGH SCHOOL TRANSCRIPT - Letters of recommendation can be attached.

RETURN COMPLETED APPLICATION TO GUIDANCE COUNSELOR F.