

Erick Local Scholarship Application

Please complete the following information. (Use additional paper if needed and attach to application).

Name: _____ Date of birth: _____

Address: _____

Name and age of siblings or other dependents living at home: _____

Applicant's grade point average: _____ Class Rank: _____

Applicant's ACT scores: English _____ Math _____ Reading _____ Science _____
Composite _____

Extracurricular school activities: _____

What major are you interested in studying? _____

What institution are you considering? _____

Do you have a second choice? (Please specify): _____

Will you commute or live on campus? _____

How will your education be financed? _____

Please give two adult references: (Attach a letter of recommendation for each with this application.)

Name	Address	Occupation
1.	_____	_____
2.	_____	_____

In about 200 words, explain your goals for the future and your reasons for applying for this scholarship. (Please type on separate sheet of paper.)

**Have you applied for any other scholarships or any other type of financial aid?
(Please list)**

Please attach a transcript, the 200 word statement, and your letter of recommendations with this application.

I understand that this application is subject to review and is awarded by a committee and their decisions are final. The answers submitted above are true and correct to the best of my knowledge and belief.

Signature of Applicant

Date

Only completed applications will be reviewed for consideration. Any non-completed forms will be returned to the applicant. All students completing this application will have their application submitted to all local scholarship committees.

The scholarship is awarded without regard to race, color, religion, national origin, sex or handicap.

Return completed applications to the school counselor by April 15th.