**Harrison Trimble High School Class of 2015**



Due Monday, May 11, 2015

Return to Ms. A. Williams, Guidance office 209

**Local Scholarship Application**

**General criteria** - member of HTHS Class of 2015 and attending post-secondary education in the fall 2015/winter 2016.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hm.Rm. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of post-secondary institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Program (Diploma/Degree): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Career Goal: ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Elementary school attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle school attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parents’/Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents’/Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you attend Dornan Driving School? Yes No (If “yes”, lease attach proof.)

|  |  |
| --- | --- |
| Siblings: Name(s) & ages: | School/College/University Name (continue on back if necessary) |
|  |  |
|  |  |
|  |  |

Describe your financial need and your plans to finance your education: (continue on back if needed)

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Work experience(s) including dates, location and length of employment: (continue on back if needed)

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Community involvement and activities: (continue on back if needed)

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In-school involvement and activities: (continue on back if needed)

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List special awards, certification or achievements you have received: (continue on back if needed)

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Are there any other relevant details that the scholarship committee should consider? (continue on back if needed)

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🞎**A copy of the acceptance letter from the post-secondary institution indicating the program you will be studying must be attached**. Your answers will be carefully considered by the scholarship committee so it’s very important to ensure that you write thoughtful and carefully written responses. Signing this application form indicates your desire to be considered for all scholarships for which you qualify.*I hereby certify that the information on this application is, to the best of my knowledge, true and complete.*

Signature Date

**Please Note**: The information you provide below will be used to assist the HTHS Scholarship Committee and will be treated confidentially. However, since some outside agencies choose to pick their own recipients, we may be forwarding your information. **I give permission for the provided information to be released to outside agencies.**

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Print Student’s Name Print Parents’/Guardian’s Name

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Student’s Signature Parents’/Guardian’s Signature