

**SCOTT CITY HIGH SCHOOL**  
**LOCAL SCHOLARSHIP APPLICATION FORM**

Name: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Phone \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Siblings at home \_\_\_\_\_ younger \_\_\_\_\_ older

Will you be eligible for the A+ Program upon graduation?      Yes                      No

Will any other family member residing in the home be enrolled in college/trade/technical school?  
Yes                                      No

Where do you plan to attend college/technical school? \_\_\_\_\_

What is your desired major/career path? \_\_\_\_\_

Please list any and all activities, awards, clubs and organizations you have earned or participated in during high school. (attach a student resume if you wish)

Please identify any special circumstances you believe should be considered in the award decision.

Please list any scholarships you have received \_\_\_\_\_

Do you plan on working while in college/technical school? \_\_\_\_\_ hrs. per week \_\_\_\_\_

**\*\*To be completed by counseling center staff. Class rank \_\_\_\_\_ GPA \_\_\_\_\_ 11.0**

**ACT Comp \_\_\_\_\_ date \_\_\_\_\_**

***I am consenting to have the information located on this form distributed to organizations, individuals and agencies offering scholarship awards.***

**Signature of student:** \_\_\_\_\_