

BARNSTABLE HIGH SCHOOL SCHOLARSHIP APPLICATION

Name of Scholarship: _____

Student Name: _____

Weighted GPA: _____ SAT Total: _____ /1600 ACT Composite: _____ /36

Home Address: _____

Home Phone: _____ Cell Phone: _____ Birth Date: _____ Birth City: _____

Email Address: _____

How does the criterion of this scholarship match your background & experience? (Use separate sheet if needed)

List All School & Community:
Activities/Sports

Honors/Prizes

Leadership Role

Grade

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List All Work Experience:
Employer

Position

Leadership Role

Dates (from/to)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What are your plans after college? (Use a separate sheet if needed)

Names of colleges to which you have applied:

- | | | |
|----|----|----|
| 1. | 2. | 3. |
| 4. | 5. | 6. |
| 7. | 8. | 9. |

Names of colleges to which you have been accepted as of this date:

- | | | |
|----|----|----|
| 1. | 2. | 3. |
| 4. | 5. | 6. |
| 7. | 8. | 9. |

Please indicate your first three college choices.

- 1.
- 2.
- 3.

What other sources of money can you count on for this school year (Do not include loans):

- Estimated Parental Contribution? \$ _____
- Estimated Student Contribution (your savings and earnings) \$ _____
- Other known financial aid (grants/awards/scholarships) \$ _____
- Total Anticipated Financial Need? \$ _____

Have you completed the FAFSA? Yes ___ No ___

Father's or Guardian's Name: _____

Address: _____

Father/Guardian's occupation: _____ Employed by: _____

Mother's Name or Guardian's Name: _____

Address: _____

Mother/Guardian's occupation: _____ Employed by: _____

Number of dependents in family (includes self and parents):

Number of children in college in the fall:

IMPORTANT!!!! In the space below, state why you are applying for financial aid. Tell us of any extenuating circumstances that may be helpful for the selection committee in determining financial aid need. **BE AS SPECIFIC AS POSSIBLE.**

I affirm that the above information is correct and that I wish to be considered for a scholarship to help fund postsecondary education expenses.

Date: _____ Student Signature: _____

Parent/Guardian Signature: _____

DEADLINE: No later than March 15, 2024 to Mrs. MacFarlane in Room 2112 by 2:00 PM sharp unless specified otherwise.