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Name of Scholarship: _____

Student Name: _____

Weighted GPA: _____ F g e k g " T c p m " a a a a a a ' SAT Total: _____ /1600 ACT Composite: _____ /36

Home Address: _____

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

Email Address: _____

What are your plans after college? (use sgprate sheet if needed)

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

Names of colleges to which you have applied:

30".....40".....50
60".....70".....80
90".....; 0".....; 0
"

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

30".....40".....50
60".....70".....80
90".....; 0".....; 0

Please indicate your first three college choices.

30
40
50

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: _____

Total number of dependents in family (includes self and parents):

Total amount of money student owes to persons/organizations: \$ _____

Nlu/Hco kf 'O go dgt u<Vj cv'ctg'cwgpf kpi 'eqmgi g'lmn'vko g'kpenw g'hame, age and relationship to you)0

Nlu/CniUej qqnl('Eqo o wplw{<

Activities/Sports	Honors/Prizes	Leadership Role	Grade
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Nlu/CniY qt mlGzr gt lgpeg<

Employer	Position	Leadership Role	Dates (from/to)
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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 post secondary education expenses.

Date: _____ Student Signature: _____

Parent/Guardian Signature: _____

FGCFNIPG<No later than March 15, 2019 to Mrs. Kipnes in Room 2112 by 2:00 PM