

# Common "Local" Scholarship Application

## Clinton Prairie High School

This common scholarship form has included the following local scholarships listed below. Some of these organizations may have a separate application. We do not have confirmation (at time of printing) that all will be offered again this year or that they will use this form.

Clinton Prairie Foundation; Robert H. Blaydes Memorial; Luelia V. Davis - Everett D. Davis; Hickory Homemakers; Mulberry Junior Woman's Club; etc.

Please provide all information requested. Do not leave any spaces blank. If not applicable mark, N/A. Please use black ink or type. Deadline is March 1, 2018. Thank you.

Name: \_\_\_\_\_ Birth Date (MM/DD/YY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_

SSN (XXX-XX-XXX): \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Township: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Number of other children living at home: \_\_\_\_\_

Number of other children who will be attending college next year: \_\_\_\_\_

Parent's gross income for 2017: \$0 - \$24,999 \_\_\_\_\_ \$25,000 - \$49,999 \_\_\_\_\_ \$50,000 - \$74,999 \_\_\_\_\_  
\$75,000-\$99,999 \_\_\_\_\_ \$100,000+ \_\_\_\_\_

Amount you have saved for college: \$ \_\_\_\_\_ Current job: \_\_\_\_\_

How long at current job: \_\_\_\_\_ Salary: \$ \_\_\_\_\_/hour

Name of college to be attended: \_\_\_\_\_ Major: \_\_\_\_\_

Have you been accepted? YES NO

Have you/your parents completed the FAFSA: YES NO

Please list the sports you have participated in and the grades (9 -12) for each sport:

\_\_\_\_\_  
\_\_\_\_\_

Number of varsity letters earned to date: \_\_\_\_\_ Number of manager letters: \_\_\_\_\_

HS/community clubs/organizations memberships: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Offices held in co-curricular, extra-curricular, and community clubs/organizations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Awards won in HS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has a parent, grandparent, or brother/sister served in any Branch of the Armed Services? YES NO

If yes, what Branch \_\_\_\_\_ Relationship to you? \_\_\_\_\_

All of the information on this application is true and complete.

\_\_\_\_\_  
\_\_\_\_\_

Parent Signature

Student Signature

Date(MM/DD/YY)

Important: Please complete the reverse side of this application.

\*Incomplete applications subject to rejection

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For CPHS C&G use only: PLEASE DO NOT WRITE IN THIS SPACE

Rank/GPA @ 6 semesters \_\_\_\_\_/\_\_\_\_\_ /4.0000 Letter Grade: \_\_\_\_\_

Rank/GPA @ 7 semesters \_\_\_\_\_/\_\_\_\_\_ /4.0000 Letter Grade: \_\_\_\_\_

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Please state, in detail, in the space below your postsecondary educational and career plans, and any unusual circumstances (e.g. medical expenses, unemployment of parents/guardians, etc.) that might affect these plans. Please use black ink or type. This statement should not contain any spelling or grammatical errors. Attachments (stapled, glued, etc.) to this application will disqualify the entire application. Leaving this section blank will also jeopardize your chances for a scholarship. The information provided will be kept in the strictest confidence by the Scholarship Committee.