

GATEWAY REGIONAL HIGH SCHOOL SCHOLARSHIP APPLICATION

Name of Scholarship

Date

Student Information:

Name: _____
 Last First Middle

Address: _____
 Street Town Zip Code Phone

List school achievements and extra curricular activities:

List community activities, etc., you have participated in, not associated with school (4-H, Youth Fellowship, etc):

Parent Information:

Father's Name: _____

Place of Employment: _____

Occupation: _____ Salary _____

Mother's Name: _____

Place of Employment: _____

Occupation _____ Salary _____

List first names, ages, and school attending of brothers and sisters living at home:

How many children are dependent on parents? _____

List any special circumstances that should be taken into consideration:

College Information:

Name of college you are planning to attend: _____

Have you been accepted? _____

Your educational goals: _____

Expenses:

Tuition per year _____

Room & Board _____

Books & Fees _____

Total: _____

Resources:

Personal Savings _____

Parent Contribution _____

Scholarships/Grants _____

Total: _____

Indicate in a paragraph why you feel you deserve this scholarship: