

HRAWO SCHOLARSHIP APPLICATION

Date _____ Name _____

(First, Middle Initial, Last)

Preferred Name _____ Phone _____

Email _____

Address _____

(Street)

(City)

(State)

(Zip Code)

Name of High School _____

Address of High School _____

(Street)

(City)

(State)

(Zip Code)

Guidance Counselor's Name _____ School Phone _____

Guidance Counselor's Email _____

Current Grade Point Average (GPA) _____

Number of Students In Your Class _____ Your Rank From Top _____

College Admissions Test Results (Indicate Name of Test & Score Below. Submit copies of results with application.)

Extracurricular Activities _____

Awards _____

Work Experience

What College/University Do You Plan On Attending? _____

What Do You Plan To Study In College? _____

What Are Your Career Interests Upon Completing College? _____

Do You Have A Family Member Associated With The HRAWO Organization? (Yes/No) _____

If Yes, Please List His/Her Name _____

(Signature)

(Date)