

\$700 Clinton City Scholarship

(Applicant must be a current resident of Clinton City)

Name: _____ Phone Number: _____

Address: _____ Email Address: _____

GPA _____ ACT Score: _____

Are you attending college in the Fall? YES / NO Where? _____

(Must show proof of acceptance and registration for Fall semester if selected.)

Other Scholarship Offers: (Must List ALL)

Please list any extracurricular activities, community service, awards, achievements you have been involved in :

Please tell us why you feel you deserve this scholarship and how you would use it to help you reach your educational goals.

Applications should be returned to Mrs. Sorensen in the Counseling Center by:

Tuesday, April 18, 2023