WHS Post High School Plans & Scholarship Form

Please return this form to the Guidance Office by Monday, May 18th.

Student Name _____ Email Address _____

Post WHS Plans:

Please list your post high school plans (i.e. , college Spartanburg Community College , employment BMW, military Army)

- College _____
- Employment _____
- Military _____
- Other _____

Scholarships Awarded:

Please list the full name of the scholarship(s) you have been awarded and the total amount. This information will be printed in the Graduation program.

Name of Scholarship	Type (i.e., athletic, fine arts, academic, etc.)	Yearly Amount	Total Amount