

PEMBROKE HIGH SCHOOL SCHOLARSHIP APPLICATION

NAME OF SCHOLARSHIP: Dr. Patricia Randall Scholarship

Dr. Patricia & John Randall Scholarship for the Fine & Performing Arts. All Pembroke High School students pursuing a degree in the arts: music/art/creative writing/Fine & Performing arts (drama). ~ Dr. Randall was the first Superintendent of Pembroke Public Schools. She was passionate about education and her inspiration and dedication to the students in Pembroke will not be forgotten. As an ardent supporter of the performing arts Dr. Randall was honored with the distinction of having the Pembroke High School Auditorium dedicated in her name. ~ The amount of this scholarship is \$500.00. ~ Please return the application to Mrs. Webb in the PHS Guidance Department by April 1st.

PLEASE FILL THIS FORM COMPLETELY, ACCURATELY, AND NEATLY—TYPE OR USE BLACK INK.

PLEASE INCLUDE A UNOFFICIAL TRANSCRIPT

FULL NAME _____

HOME ADDRESS _____

PHONE NUMBER _____

HIGH SCHOOL ATTENDING _____

WHAT CAREER DO YOU WANT TO PURSUE AFTER YOU FINISH COLLEGE?

COLLEGES TO WHICH YOU HAVE APPLIED:

COLLEGES TO WHICH YOU HAVE BEEN ACCEPTED:

1st COLLEGE CHOICE: _____ TUITION: _____

2ND COLLEGE CHOICE: _____ TUITION: _____

3RD COLLEGE CHOICE: _____ TUITION: _____

LIST ALL SCHOLARSHIPS, GRANTS, AND FINANCIAL AID WHICH YOU HAVE BEEN AWARDED.

_____ TOTAL AID: _____

ESTIMATED PARENTAL CONTRIBUTION: _____

ESTIMATED STUDENT CONTRIBUTION: _____

ANTICIPATED FINANCIAL NEEDS: _____

DO YOU OWN A CAR? _____ WILL YOU COMMUTE TO COLLEGE? _____

**PERSONAL
INFORMATION**

NAME OF FATHER OR GUARDIAN: _____

ADDRESS: _____

NAME OF MOTHER OR GUARDIAN: _____

ADDRESS: _____

FATHER'S OCCUPATION: _____

EMPLOYED BY: _____

MOTHER'S OCCUPATION: _____

EMPLOYED BY: _____

TOTAL NUMBER OF PERSONS DEPENDENT ON PARENTS (INCLUDES SELF AND PARENTS): _____

NAMES/AGES OF FAMILY MEMBERS ATTENDING COLLEGE: _____

LIST ALL SCHOOL AND COMMUNITY ACTIVITIES, HONORS, PRIZES HELD, OFFICES HELD:

WORK EXPERIENCE

IN THE SPACE BELOW, STATE WHY YOU ARE APPLYING FOR FINANCIAL AID, TO ASSIST US IN MAKING AWARD DECISIONS. FEEL FREE TO USE AN ADDITIONAL PAGE IF YOU NEED ADDITIONAL SPACE. PLEASE BE AS SPECIFIC AS POSSIBLE

I AFFIRM THAT THE ABOVE INFORMATION IS CORRECT AND THAT I WISH TO BE CONSIDERED FOR A SCHOLARSHIP TO HELP FUND POST GRADUATE EDUCATION EXPENSES.

PARENT SIGNATURE: _____ STUDENT SIGNATURE: _____