

# PEMBROKE HIGH SCHOOL SCHOLARSHIP APPLICATION

NAME OF SCHOLARSHIP: PEMBROKE TEACHERS ASSOCIATION

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

PLEASE INCLUDE AN 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:  
\_\_\_\_\_  
\_\_\_\_\_

1<sup>ST</sup> COLLEGE CHOICE:

\_\_\_\_\_

TUITION:

\_\_\_\_\_

2<sup>ND</sup> COLLEGE CHOICE:

\_\_\_\_\_

TUITION:

\_\_\_\_\_

3<sup>RD</sup> 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: \_\_\_\_\_

WORK EXPERIENCE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



CONSIDERED FOR A SCHOLARSHIP TO HELP FUND POST GRADUATE EDUCATION EXPENSES.

PARENT SIGNATURE: \_\_\_\_\_ STUDENT SIGNATURE: \_\_\_\_\_

CHECK OFF WHICH ELEMENTARY SCHOOL YOU GRADUATED FROM:

BRYANTVILLE \_\_\_\_\_

HOBOMOCK \_\_\_\_\_

NORTH PEMBROKE \_\_\_\_\_

**APPLICATIONS ARE DUE TO MRS. WEBB  
BY APRIL 1, 2024**