



**New Mexico Coalition of Educational Leaders
2024 Scholarship Application**

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code _____

Phone (including Area Code): Cell: _____ Home: _____

Name of Applicant's High School: _____

School District: _____



Tell Us About Yourself:

Extra-Curricular Activities and Interests:

Special Recognitions, Awards, Honors, etc.

Career Objectives:

*Information to be completed and signed by the High School Counselor/Registrar
and signed by the High School Principal or Designee.*

Applicant's GPA: _____ **ACT or SAT Composite Score:** _____

Counselor or Registrar Signature:

_____ **Date:** _____

High School Principal or Designee's Signature:

_____ **Date:** _____