

For office use only: Date received in BHS Counseling office _____

Local Scholarship Application

Name: _____ Date of Birth: _____

Address: _____

Father/Guardian's Name: _____

Mother/Guardian's Name: _____

Test Scores: ACT Composite: _____

SAT Score: _____

Class Rank _____ Number in Class _____ GPA _____

High School Extra-Curricular Activities

School Organizations

Offices, Honors, and Awards

Are you employed? Yes _____ No _____

If yes, what type of work, and how many hours per week?

Do you plan to work during college? Yes _____ No _____

Out of School Activities/Community Service

College you plan to attend _____

Major Field of Study _____

Long Range Career Goal

Long Range Personal Goals

Briefly Discuss the most memorable event during your high school career:

On a separate sheet of paper write/type a one page letter stating why you should be considered for a scholarship.

