

THE CAMPBELL MEMORIAL HIGH SCHOOL ALUMNI ASSOCIATION

CONTINUING EDUCATION SCHOLARSHIP

(Application Form)

This scholarship is intended to provide financial assistance in the amount of \$1,000.00 to a Campbell Memorial High school alumnus who has completed one full year of education at a qualified college or university and has attained a 2.8 GPA or higher (students attending for profit or email/internet institutions, such as University of Phoenix, do not qualify)

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number(s) DAY: _____ EVENING: _____

College(s) Accepted into or attending: _____ Proposed Graduation Date: _____

Planned degree: _____ GPA: _____

In signing this application, I agree that all information is true and accurate to my best knowledge.

Graduate Record Exam (or qualifying test scores): _____

I verify that the information provided is accurate

Please provide an official college transcript..

Student's signature: _____ Student's signature: _____

Educational Accomplishments/

Awards: _____

Extra Curricular Activities/

Professional Affiliations: _____

Work History (include volunteer): _____

Briefly describe your accomplishments to date and your goals for the future: _____

How would this scholarship award be utilized: _____