

**THE CAMPBELL MEMORIAL HIGH SCHOOL ALUMNI ASSOCIATION**  
**POST-GRADUATE 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 a Bachelor's degree and is pursuing post graduate studies at an accredited college or university. This individual must be accepted into or currently admitted into a post graduate program. Please complete the application and attach any optional or required supporting documentation.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number(s) DAY: \_\_\_\_\_ EVENING: \_\_\_\_\_

College(s) Accepted into or attending: \_\_\_\_\_  
Planned degree: \_\_\_\_\_  
*In signing this application, I agree that all information is true and accurate to my best knowledge.*

Proposed Graduation Date: \_\_\_\_\_

GPA: \_\_\_\_\_

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: \_\_\_\_\_