SLS Tax, Accounting & Financial Services Scholarship Application

APPLICANT DATA			
NAME: LAST	FIRST	MIDDLE IN	NITIAL
MAILING ADDRESS:			
CITY:	, <u>MN</u> ZIP:		
PHONE:			
DATE OF BIRTH: MONTH _	DAY	YEAR	
TRANSCRIPT DATA (Please attack	h a transcript)		
CLASS RANK	CLASS SIZE	CUM GI	PA
PARENTAL DATA NAME: LAST	FIRST	MIDDLE IN	NITIAL
	<u>ΓΑ</u> : Name of post-Secondary School for to which applications for admission hav		sted (if unknown, please
School	City/State_		
School	City/State		
INTENDED MAJOR			
Why are you choosing this school?			
WORK EXPERIENCE:			
Company Dates: Fr	rom To	Hours/per week	Hourly rate

GOALS	AND	ASPIR	ATION	JS:

Write a brief paragraph describing your educational plans as they relate to your career objectives.

ACTIVITIES	AWARDS	AND	HONORS:
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List all school and community activities in which you have participated during the past four years. (example: student government, sports, choir, band, volunteer work). If more space is needed attach a separate sheet.

<u>ACTIVITY</u>	# of years participated	Awards/Honors	ACTIVITY	# of years participated	Awards/Honors
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If there is a special honor or award that you would like to elaborate on. . . . List here: