Dominion Cares Scholarship Application

APPLICANT DATA				
NAME: LAST	FIRST	MIDDLE INITIAL		
MAILING ADDRESS:				
CITY:	MN ZIP:			
PHONE:				
DATE OF BIRTH: MONTH _	DAY	YEAR		
TRANSCRIPT DATA				
CLASS RANK	CLASS SIZE	CUM GPA		
PARENTAL DATA NAME: LAST	FIRST	MIDDLE INITIAL		
	ATA: Name of post Secondary School for which sto which applications for admission have been	ch financial aid is requested (if unknown, pleason sent.)		
School	City/State	0.1 /01 1		
INTENDED MAJOR Why are you choosing this school?	City/State			

<u>WORK EXPERIENCE</u>: Describe your work experience during the past four years. Indicate dates of employment in each job and approximate number of hours worked each week. List total amounts earned at each job.

GOALS AND ASPIRATIONS:

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

ACTIVITIES AWARDS AND HONORS:

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	<u>ACTIVITY</u>	# of years participated	Awards/Honors
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List volunteer opportunities you have been involved in: