



# EPHRATA EAGLES AUXILIARY #3338

## RETURN COMPLETED FORM TO EHS COUNSELING OFFICE

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

HIGH SCHOOL ATTENDING: \_\_\_\_\_

GPA (Please attach copy of grades if available): \_\_\_\_\_

WHAT ARE YOUR EDUCATIONAL PLANS? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you need this scholarship for financial support are there going to be other sources of funds? Please specify.

\_\_\_\_\_

\_\_\_\_\_

Please tell us a little about yourself and family. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Feel free use additional pages to give us a chance to know about you.

TO BE FILLED OUT BY A HIGH SCHOOL TEACHER OR COUNSELOR  
WHO KNOWS YOU WELL

NAME OF TEACHER/COUNSELOR: \_\_\_\_\_

Does this student have a good attendance record? \_\_\_\_\_

Is this student one who would take full advantage of college if given a chance to attend?

\_\_\_\_\_

In a short paragraph please describe why you feel this student deserves a chance at the scholarship.