PEMBROKE HIGH SCHOOL SCHOLARSHIP APPLICATION

NAME OF SCHOLARSHIP **PAUL E. KELLOGG MEMORIAL SCHOLARSHIP**

The PHS graduating senior MUST have attended BRYANTVILLE Elementary or NORTH Pembroke Elementary Schools, have an average academic standing and have been accepted to a 2- or 4-year institution of higher learning.

PLEASE FILL THIS FORM COMPLETELY, ACCURATELY, AND NEATLY—TYPE OR USE BLACK INK.

PLEASE INCLUDE AN UNOFFICIAL TRANSCRIPT

FULL NAME_____

HOME ADDRESS_____

PHONE NUMBER _____

HIGH SCHOOL ATTENDING_____

WHAT CAREER DO YOU WANT TO PURSUE AFTER YOU FINISH COLLEGE?

_____

_____

COLLEGES TO WHICH YOU HAVE APPLIED:

_____

_____

COLLEGES TO WHICH YOU HAVE BEEN ACCEPTED:

_____

_____

1st COLLEGE CHOICE: _____ TUITION: _____

2ND COLLEGE CHOICE: _____ TUITION: _____

3RD COLLEGE CHOICE: _____ TUITION: _____

LIST ALL SCHOLARSHIPS, GRANTS, AND FINANCIAL AID WHICH YOU HAVE BEEN AWARDED.

_____

_____

_____ TOTAL AID: _____

ESTIMATED PARENTAL CONTRIBUTION: _____

ESTIMATED STUDENT CONTRIBUTION: _____

ANTICIPATED FINANCIAL NEEDS: _____

PERSONAL INFORMATION

NAME OF FATHER OR GUARDIAN: _____

ADDRESS: _____

NAME OF MOTHER OR GUARDIAN: _____

ADDRESS: _____

FATHER'S OCCUPATION: _____

EMPLOYED BY: _____

MOTHER'S OCCUPATION: _____

EMPLOYED BY: _____

TOTAL NUMBER OF PERSONS DEPENDENT ON PARENTS (INCLUDES SELF AND PARENTS): _____

NAMES/AGES OF FAMILY MEMBERS ATTENDING COLLEGE: _____

LIST ALL SCHOOL AND COMMUNITY ACTIVITIES, HONORS, PRIZES HELD, OFFICES HELD: _____

_____

_____

WORK EXPERIENCE

_____

_____

IN THE SPACE BELOW, STATE WHY YOU ARE APPLYING FOR FINANCIAL AID, TO ASSIST US IN MAKING AWARD DECISIONS. FEEL FREE TO USE AN ADDITIONAL PAGE IF YOU NEED ADDITIONAL SPACE. PLEASE BE AS SPECIFIC AS POSSIBLE:

I AFFIRM THAT THE ABOVE INFORMATION IS CORRECT AND THAT I WISH TO BE CONSIDERED FOR A SCHOLARSHIP TO HELP FUND POST GRADUATE EDUCATION EXPENSES.

PARENT SIGNATURE: _____ STUDENT SIGNATURE: _____

Return completed allication to Mrs. Webb
No Later than April 6, 2026