Scholarship Applying For: _____

SHAWANO COMMUNITY HIGH SCHOOL

Community Scholarship Application

Shawano High School scholarship committee does not discriminate based on sex, race, national origin, ancestry, creed, sexual orientation, or physical, mental, emotional, or learning disability

INSTRUCTIONS: Submit a separate application for each scholarship.

Return your applications no later than February 10th, 3:30 pm to Student Services in order to be considered.

GENERAL INFORMATION

Name _____Birth date _____

Address _____ Phone _____

For **Administrative Use Only** (Leave blank- Student Service Secretary will fill in)

Class Rank _____ G.P.A. _____ Composite ACT _____

Planned Course of Study (Major) _____

Schools Applied to _____ Accepted: Yes ☐ No ☐ Not Yet ☐

_____ Yes ☐ No ☐ Not Yet ☐

_____ Yes ☐ No ☐ Not Yet ☐

_____ Yes ☐ No ☐ Not Yet ☐

_____ Yes ☐ No ☐ Not Yet ☐

Please check any that applies to you during your junior and/or senior year:

Athletic/Activities Code Violation ☐ Cheating ☐ Suspended/Expelled ☐

FINANCIAL INFORMATION

(The Financial Information section is **OPTIONAL**, but is required for consideration for certain scholarships.)

Are you a parent or do you have dependents? Please explain:

Please explain any specific financial situations or circumstances that you would like the scholarship committee to be aware of in making their selections:

OTHER INFORMATION

(The Other Information section is **OPTIONAL,** but is required for consideration for certain scholarships.)

Has either of your parents or grandparents been in the Military? Yes ☐ No ☐

Are they a member of a Veteran's Organization? Yes ☐ No ☐ Which one? _____

Are you a member of a minority? Yes ☐ No ☐ If yes, please explain:

Please explain any special handicap that limits access to education or your success:

MUSIC, ART, THEATER AND FORENSICS

Please indicate the number of years in which you have participated in Music, Art, Theater and/or Forensics activities while in grades 9-12. Limit your response to the space provided.

Activity	Number of	Years of Participation
Orchestra		_____
Band		_____
Instrument(s) played (please list): _____		
_____		
_____		
Choir		_____
Theater (Musical Production)		_____
Drama (Play)		_____
Forensics		_____
Art		_____

Other Activities (please specify):

Individual Achievement: Please list contest awards (regional, solo ensemble or state recognition, etc.) you have won while in Grades 9-12

Describe the value of participating in these activities to you and others:

ATHLETICS

Please indicate the number of years in which you have participated in the following activities (include interscholastic and intramural activities) while in grades 9-12.

ACTIVITY	Number of Years of Participation
Baseball	
Basketball	
Cheerleading	
Cross Country	
Football	
Golf	
Hockey	
Soccer	
Softball	
Swimming	
Tennis	
Track and Field	
Volleyball	
Wrestling	

Other (please specify):

Individual Sport Achievement/Special Recognition: Please list individual titles (conference, regional, sectional, state, team captain, etc.) you have won while in grades 9-12:

Describe the value of participating in these athletic activities to you and others:

SCHOOL AND COMMUNITY ACTIVITIES

Please list all school or community activities in which you have participated while in grades 9-12. Indicate the number of years in the appropriate space. In addition, if you have held office in any organization, indicate along with any special honors, awards or recognition received. **Activities included on this page should not be previously listed.**

Activity	Number of Years of Participation	Office Held/Honors/Recognition

Describe the value of participation in these activities to you and others:

WORK EXPERIENCE, OUTSIDE INTERESTS and AWARDS

Please list any of your work experience (paid or unpaid) while in grades 9-12:

Where have you worked	Duties	Length of Time

Hobbies/Outside Interests/Special Talents/Awards or Recognition while in grades 9-12:

What have you learned from your work experience, hobbies, interests, and talents:

Integrity of this Application

Shawano Community High School requires that the student (not parent, friend, family member, or other) fill out this application. If the SCHS student did not fill out this application due to special needs, please explain below. If it is determined that the student did not complete the application by him/herself and failed to report this, the application is null and void.

I honestly and truthfully admit that I am the student listed on this application and that I filled out this Shawano Community Local application: Yes ☐ No ☐

If the above answer was No, please explain:

The information I have submitted is correct to the best of my knowledge. I grant permission for the release of my school records and the above information to the scholarship committee and the scholarship providers.

Student Signature	Parent Signature	Date