

Haywood High School Local Scholarship Application

Name of Scholarship

Your Name _____ **Address** _____

City _____ **ZIP** _____ **Phone Number** _____

Names of Parent(s)/Guardian(s) _____

Employer(s) _____

Number of other children dependent on parents/guardians _____

Total number in family _____

Age _____ **Gender** _____ **Race** _____ **Religion** _____

Grade-Point Average in High School _____ **Rank in Class** _____

Number in Graduating Class _____ **A.C.T. Score** _____

Employment Experiences

Employer

Date

Type of Work

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Extra-curricular activities, including scholastic and leadership honors – offices held, participation in school, church, and community activities

Future plans – college you plan to attend, possible field of study, plans after graduation from college

List any other factors that will help the committee to evaluate you.