## SEYMOUR COMMUNITY SCHOLARSHIP APPLICATION

Name of Applicant	<b>t</b>						
Street Address				•		* 2 *	
City	State		Township				
High School Atten	ded		Telephone Number				
1. Graduation Da	te	2	2. # of years at current High School				
3. School or Colle	ge Choice				Accepted		
1st				Yes	-	No	
2nd				Yes		No	
3rd				Yes		No	
4. Planned major							
5. Career Interests	<b>\$</b>					· · · .	
6. Cumulative high	school GPA exc	luding s	spring semester	senior y	ear		
7. Rank in class aff	ter 7 semesters		out of	_ studen	ts		
8. *********PLEAS	E ATTACH A CO	PY OF Y	OUR HIGH SCH	OOL TR	ANSCRIPT **	******	
9. SAT scores:	Verbal i	Math	Writing		Composite		
10. ACT scores:	English M Composite	Math	Reading	•	Science		
11. Are you a 21st (	Century Scholar?	•	Yes		No	,	
12. Are you an Hon	ors Diploma Can	didate	Yes		No		

	culum Yes No
4. Financial Need- Family's adjusted gros	ss income from last year's tax return:
Under \$25,000	\$100,000-\$125,000
<b>\$25,000-\$50,000</b>	\$125,000-\$150,000
\$50,000-\$75,000	<b></b> \$150,000-\$200,000
\$75,000-\$100,000	Over \$200,000
*IF THE SCHOLARSHIP IS BASED ON FII	NANCIAL NEED PLEASE ATTACH
A COPY OF THE FIRST PAGE OF YOUR PARENTS TAX	FORM OR THE FIRST PAGE OF THE FAFSA FORM ****
5. Name of Father	Occupation
16. Name of Mother	Occupation
17. Number of dependents in your parents	s' family, including yourself
8. Number of children	Ages
Number attending college including yo	
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9. What financial sources (scholarships a	and or grants, ata ) do you currently have
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20. How do you plan to fund your college e	education? (Other than scholarships or grant
	education? (Other than scholarships or grant

offices held:

23. Honors and Awards:			
24. Community or other activities:			
		•	
25. Work Activities: Are you now employed?	Ye	es	No
00 11			
26. If yes, what type of work?			
27. Hours per week			
28. Describe your work activities (such as far	nilv business. famil	v farm. etc.):	
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			·
29. Feel free to attach an additional page to f assistance to attend college, or supply any ac			
sufficient room on this form. (see attached)			
30. Signature of Applicant:		Date:	
		<del></del>	·
31. Signature of Parent or Guardian:		Date:	