SEYMOUR COMMUNITY SCHOLARSHIP APPLICATION

Name of Applicant

Street Address

City	State		Township		
High School Attended			Telephone Number		
. Graduation Date 2. #			of years at current High School		
3. School or College Choice			Accepted		
1st			Yes	No	
2nd			Yes	No	
3rd			Yes	No	
4. Planned major					
5. Career Interests					
6. Cumulative high school GPA excluding spring semester senior year					
7. Rank in class after 7 semesters			out ofstudents		
8. **********PLEASE ATTACH A COPY OF YOUR HIGH SCHOOL TRANSCRIPT *********					
9. SAT scores:	Verbal	Math	Writing	Composite	
10. ACT scores:	English Composite	Math	Reading	Science	
11. Are you a 21st Century Scholar?			Yes	Νο	
12. Are you an Honors Diploma Candidate			Yes	Νο	

13. WIII you graduate with a Core 40 Curriculum Yes

14. Financial Need- Family's adjusted gross income from last year's tax return:

Under \$25,000	\$100,000-\$125,000
\$25,000-\$50,000	\$125,000-\$150,000
\$50,000-\$75,000	\$150,000-\$200,000
\$75,000-\$100,000	Over \$200,000

IF THE SCHOLARSHIP IS BASED ON FINANCIAL NEED PLEASE ATTACH A COPY OF THE FIRST PAGE OF YOUR PARENTS TAX FORM OR THE FIRST PAGE OF THE FAFSA FORM **

15. Name of Father	Occupation
16. Name of Mother	Occupation

17. Number of dependents in your parents' family, including yourself

18. Number of children Number attending college including yourself

19. What financial sources (scholarships and or grants, etc.) do you currently have available for your college education?

20. How do you plan to fund your college education? (Other than scholarships or grants)

21. Other financial considerations:

22. Extracurricular activities-organizations, clubs and athletics: years of involvement and offices held:

No

Ages

23. Honors and Awards:

24. Community or other activities:

25. Work Activities: Are you now employed? Yes No

26. If yes, what type of work?

27. Hours per week

28. Describe your work activities (such as family business, family farm, etc.):

29. Feel free to attach an additional page to fully explain why you need financial assistance to attend college, or supply any additional information for which there is not sufficient room on this form. (see attached)

30. Signature of Applicant:	Date:	
31. Signature of Parent or Guardian:	Date:	