## SEYMOUR COMMUNITY SCHOLARSHIP APPLICATION

Name of Applicant

Street Address

City	State		Том	/nship		
High School Attended			Tele	Telephone Number		
1. Graduation Date	9	2	2. # of years at cu	rrent High S	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 e	xcluding	spring semester	senior year		
7. Rank in class after 7 semesters			out of _	out of students		
8. **********PLEASE ATTACH A COPY OF YOUR HIGH SCHOOL TRANSCRIPT *********						
9. SAT scores:	Verbal	Math	Writing	с	omposite	
10. ACT scores:	English Composite	Math	Reading	S	cience	
11. Are you a 21st Century Scholar?			Yes		Νο	
12. Are you an Honors Diploma Candidate			Yes		No	

13. WIII you graduate with a Core 40 Curriculum Yes

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

No

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 childrenAgesNumber 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:

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:
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31. Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_