



# Laurel School Alumni Scholarship Application

Due Date: April 1, 2025

**ELIGIBILITY: MUST HAVE ATTENDED LAUREL 8 YEARS**  
PLEASE ATTACH AN OFFICIAL TRANSCRIPT & NON RETURNABLE PHOTO

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you applied for admission? Yes or No      Been Accepted? Yes or No

University/College Attending: \_\_\_\_\_

Type of training or Major/area of study: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation/Place of Employment: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation/Place of Employment: \_\_\_\_\_

Number of Siblings at Home: \_\_\_\_\_ Their Ages: \_\_\_\_\_

Number of Siblings in College: \_\_\_\_\_ What school(s)? \_\_\_\_\_

Describe why you need this scholarship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work experience:

Employer: \_\_\_\_\_ Dates Worked: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates Worked: \_\_\_\_\_ Job Title: \_\_\_\_\_

Describe your participation in School Organizations: \_\_\_\_\_  
\_\_\_\_\_

Describe your participation in Extra-Curricular Activities: \_\_\_\_\_  
\_\_\_\_\_

Describe your participation in Organizations/Activities outside of school: \_\_\_\_\_  
\_\_\_\_\_

Completed applications should be returned to: FCHS Guidance Office

Attach an essay (500 word maximum) describing your post-secondary goals.