

McCulloch County General Scholarship Application

Please use this application for all local scholarships that accept the McCulloch County General Scholarship Application.

Scholarship

Name: _____

Applicant's Information

Senior's Name: _____ High

School Attended: ___Brady HS ___Lohn HS ___Rochelle HS

Senior's Mailing

Address: _____

City _____ Zip Code _____

Phone Number: _____ Email

Address: _____

Family Information

Parent/Guardian's Name: _____

Occupation: _____

Parent/Guardian's Name: _____

Occupation: _____

If you have siblings, please provide the following information:

Name of Sibling	Age	School Attending	Will This Sibling Also Be in College Next Year?

Work Experience

Please provide any work experience while you have been in high school. If you have not worked, you can leave this section blank.

Name of Employer	Position	Hours per Week	Special Skills Developed As Part of Your Job

Postsecondary Plans

Select the type of postsecondary option you plan to pursue after high school:

___ Certificate ___ Associate's Degree ___ Bachelor's Degree

Names and Location of Postsecondary Institutions You Have Chosen to Attend:

School Name _____

Location: _____

Type of Postsecondary Institution: ___ Trade School ___ Community College

___ University Proof of Acceptance Can Be Provided: ___ Yes ___ No

Intended Major or

Program _____

Types of Financial Aid for Which You Have Applied or Are Eligible to Receive:

___ FAFSA submitted ___ University-Specific Aid ___ Other Outside Scholarships

___ GI Bill Benefits ___ Other _____

Name of High School _____ Class _____
Rank # _____ of _____ students Cumulative GPA _____

Dual Credit Hours Earned (if any)_____hours

Extracurricular Activities

[illegible]

Community Involvement/Volunteerism

Name of Organization/Project/Club	Leadership Roles (if any)	Estimated Hours Involved	Description (Provide any additional details to help us understand your involvement/role)

Other Information

Use the space below to provide the committee with any other information that would be helpful to the scholarship committee members to know about you when reviewing your application, such as extenuating family circumstances, obstacles/hurdles you have overcome, etc.

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Statement of Accuracy/Understanding/Responsibilities

- I hereby attest that the information provided in this application is true and correct.
- I understand that I am solely responsible for knowing scholarship requirements, completeness and quality of my application.
- I understand I will not be given an opportunity to add additional information/documentation after the scholarship deadline.
- I am aware I must provide proof of enrollment in colleges classes (if required) if this is a one-time award, or annually provide proof of enrollment in college classes and/or college grades (if required) if this is a recurring award.
- I also understand that all scholarship committees' decisions are final.

Signature of
Applicant_____

Date_____

Signature of
Parent_____

Date_____