

HHS LOCAL SCHOLARSHIP APPLICATION – 2017

A copy of your transcript will be included with this application.

Type or print all information – DO **NOT** ATTACH ADDITIONAL PAGES

Deadline: February 17, 2017

FOR OFFICE USE ONLY

AVG. _____ RANK _____

NAME _____

INDICATE WITH WHOM YOU LIVE (i.e. one parent, both parents, guardian, etc.) _____

NAMES AND AGES OF BROTHERS/SISTERS _____

LIST THE COLLEGES TO WHICH YOU HAVE APPLIED (*Please circle the one you plan to attend)

INTENDED MAJOR/CAREER PLANS _____

COMMUNITY SERVICE/VOLUNTEER WORK _____

WORK EXPERIENCE _____

SCHOOL ACTIVITIES & SPORTS IN WHICH YOU HAVE PARTICIPATED/ LEADERSHIP POSITION(S) HELD

AWARDS/NOMINATIONS _____

PLEASE EXPLAIN YOUR/FAMILY FINANCIAL NEED (Some organizations look to award scholarships to students who exhibit financial need. Examples may include: qualifying for free/reduced lunch, single parent household, loss of parent income, multiple siblings attending college, etc.)

You MUST complete the following in order to be considered for a scholarship

On the reverse side of this application, **please write a brief essay** that would aid in your consideration for a scholarship.

Be sure to include information regarding your interests, ambitions, aspirations, or family obligations.

Write a minimum of 200 words, and no more than one page. Do **NOT** attach additional pages

DEADLINE February 17, 2017 (return to Counseling Center)

NO LATE APPLICATIONS ACCEPTED

