

Sherman County Community Foundation Scholarship Application

PLEASE COMPLETE THE ATTACHED CHECKLIST AND INDICATE WHICH SCHOLARSHIPS YOU WOULD LIKE TO BE CONSIDERED FOR. REVIEW THE LIST CAREFULLY. YOU WILL ONLY BE CONSIDERED FOR THOSE SCHOLARSHIPS THAT YOU HAVE CHECKED.

Each applicant will be responsible for correctly completing and supplying the following items to the Scholarship Committee by **3:00 p.m.** on the **first Monday in April**. Failure to do so will automatically disqualify the applicant.

Legal Name: _____

Soc. Sec. Number: _____ - _____ - _____

Age: _____ Date of Birth: ____ / ____ /19 ____

Home Address: _____

Phone Number: _____

Father's Full Name: _____

Occupational Title and Name of Business:

Mother's Full Name: _____

Occupational Title and Name of Business:

Number of siblings in college or trade school: _____

List of school, community, and church-related activities (attach separate sheet if necessary):

Grade Point Average: _____ Class Rank: _____ of _____

School you plan to attend or schools to which you have applied:

Course of study and activities you hope to pursue in college:

Scholarships, loans, and grants you intend to receive:

Attach a separate statement briefly describing your future personal goals and objectives and describe how this scholarship would help you and your family. Feel free to supply additional information, which the committee may consider to be valuable.

A copy of your transcripts and one letter of recommendation from a non-relative must be included with your application for you to be considered for a Sherman County Community Foundation Scholarship.

I understand and will comply with the preceding conditions and certify that the answers given in this application and attachments are true and accurate.

Signature: _____ **Date:** _____

The following individuals endorse my application and confirm that the information it provides is correct:

Principal: _____ **Counselor:** _____
