

VALLEY HEAD AREA WOMEN'S CLUB ANNUAL SCHOLARSHIP APPLICATION FORM

DEADLINE _____

NAME _____ DATE _____

ADDRESS _____

PARENTS OR GUARDIAN _____

GRADE POINT AVERAGE _____ CLASS RANK _____ OF _____ STUDENTS

NUMBER OF PEOPLE IN HOUSEHOLD _____ HOUSEHOLD INCOME _____

AGES OF SIBLINGS _____, _____, _____, _____

NUMBER OF PEOPLE IN HOUSEHOLD ATTENDING COLLEGE THIS FALL (INCLUDING YOURSELF) _____

HOBBIES

HONORS AND AWARDS

EXTRA-CURRICULAR ACTIVITIES INCLUDING COMMUNITY, CHURCH, AND CIVIC

WHY SHOULD YOU BE AWARDED THIS SCHOLARSHIP?

HAVE YOU RECEIVED ANY OTHER GRANTS OR SCHOLARSHIPS? _____

WHICH ONE(S) _____

WHICH COLLEGE OR TECHNICAL SCHOOL HAVE YOU CHOSEN FOR THE NEXT SEGMENT OF YOUR EDUCATION? _____

WHICH PROFESSION DO YOU WISH TO PURSUE? _____

DO YOU HAVE A JOB? _____ IF SO, DESCRIBE:

PLEASE WRITE AN ESSAY ON ONE OF THE FOLLOWING SUBJECTS AND ATTACH TO THE SCHOLARSHIP FORM: (ESSAY LENGTH NOT MORE THAN ONE PAGE)

- A. MY HOME TOWN
- B. THE STARS AND STRIPES
- C. MY FAMILY
- D. ANY SUBJECT OF YOUR CHOOSING

LETTER OF RECOMMENDATION FROM A TEACHER (PLEASE ATTACH)

NAME OF TEACHER _____

LETTER OF RECOMMENDATION FROM YOUR COUNSELOR (PLEASE ATTACH)

NAME OF COUNSELOR _____

PLEASE ATTACH A COPY OF YOUR ACEDEMIC TRANSCRIPT SIGNED BY A STAFF MEMBER.

*HIGH SCHOOLS WILL NOT RELEASE GRADE TRANSCRIPTS WITHOUT PROPER CONSENT. IF YOU GRANT PERMISSION FOR YOUR HIGH SCHOOL TO PROVIDE A COPY OF YOUR TRANSCRIPT TO THE VALLEY HEAD AREA WOMEN'S CLUB SCHOLARSHIP COMMITTEE, PLEASE SIGN BELOW: (IF STUDENT IS NOT 18 YEARS OF AGE, PARENT OR GUARDIAN MUST SIGN.)

SIGNATURE OF STUDENT _____

SIGNATURE OF PARENT OR GUARDIAN _____