# *Selinsgrove Area High School*
# *General Application*

**NOTE:** Application must be fully completed and submitted to the committee chairman by the designated date in order to be considered for aid. **Please print clearly.**

Name _____ _____ _____
(Last) (First) (Middle)

Address _____ _____
(Street name and number) (City and State)

Phone _____ Birth date _____

Parents/Guardian (check if living)

_____ Father _____ Mother _____ Stepfather _____ Stepmother

Name of Father/Male Guardian _____

Occupation of Father/Male Guardian _____

Where and for whom does he work? _____

Name of Mother/Female Guardian _____

Occupation of Mother/Female Guardian _____

Where and for whom does she work? _____

List all brothers and sisters with ages: (List your name first)

1. _____ _____ 4. _____ _____

2. _____ _____ 5. _____ _____

3. _____ _____ 6. _____ _____

Have you been accepted for further education? Yes _____ No _____

Where? _____

What do you plan to study? _____ Approximate cost per year? _____(Prior to financial aid.)

Please indicate EFC (Expected Family Contribution) from the FAFSA: _____

To the best of my knowledge, the information reported is complete and correct.
By Signing below I acknowledge that information about my Grade Point Average, Class Rank, current scholastics, and extra-curricular activities may be release to Scholarship and Awards Committees outside of school.

_____ _____
(Signature of Applicant) (Date)

**RETURN TO HIGH SCHOOL GUIDANCE OFFICE BY April 6, 2020.**

*…nurturing and enabling lifelong learning*