SELINSGROVE AREA EDUCATION ASSOCIATION
Selinsgrove Area High School
Scholarship Application

NOTE: Application must be fully completed and submitted to the committee chairman by the designated date in order to be considered for aid. Aid will be based mainly on **need** and **probability of scholastic success. 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? _____

To the best of my knowledge, the information reported is complete and correct.

_____ _____
(Signature of Applicant) (Date)

Please use the back of this form to write a short essay regarding your personal qualities as they relate to future collegiate and career success.

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

…nurturing and enabling lifelong learning