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)	(Firs	t) (Middle)	
Address			
(Street name and number)		(City and S	state)
Phone	Birth	date	
Parents/Guardian (check if	living)		
Father Mother	StepfatherS	Stepmother	
Name of Father/Male Guar	dian		
Occupation of Father/Male	Guardian		
Where and for whom does	he work?		
Name of Mother/Female G	uardian		
Occupation of Mother/Fem	nale Guardian		
Where and for whom does	she work?		
List all brothers and sisters	with ages: (List your na	me first)	
1	4.		
2	5.		
3	6.		
Have you been accepted for	r further education? Yes	No	
Where?			
What do you plan to study?	?	_ Approximate cost per year?	(Prior to financial aid.)
Please indicate EFC (Expecte	d Family Contribution) from	the FAFSA:	
	dge that information about	s complete and correct. my Grade Point Average, Class Ran e to Scholarship and Awards Commi	
(Signature of Applicant)		(Date)	

RETURN TO HIGH SCHOOL GUIDANCE OFFICE BY April 13, 2022.