

Selinsgrove Area High School General Scholarship Application

NOTE: Application must be fully completed and submitted to the committee 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 include a copy of the 'Congratulations, The FASFA Form is Complete' page.

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. ***Please use the back to explain any unique/extenuating circumstances which may impact your financial situation/needs.***

(Signature of Applicant)

(Date)

RETURN TO HIGH SCHOOL GUIDANCE OFFICE BY April 12, 2024.