

PERSONAL INFORMATION test

SAMPLE, FORM

Last Name: SAMPLE

First Name: FORM

Middle Initial:

Gender

Mailing Address:

City:

State:

Zip:

Phone (Home):

Phone (Cell):

E-mail Address:

Are you on Facebook:

Date of Birth:

Twitter:

Place of Birth:

Your age, last birthday: 0

Parent/Guardian:

Occupation:

Mailing Address:

Phone:

City/State/Zip:

Deceased

Parent/Guardian:

Occupation:

Home Address

Phone:

City/State/Zip:

Deceased

Siblings 1 - 10:

Siblings 10 - 18:

Siblings 18 - 30+:

County:

Attending Higher Ed: 0

High School:

Graduation Date:

COLLEGE/UNIVERSITY

First Choice:

Second Choice:

City/State:

City/State:

Intended Major Field of Study

First Choice:

Second Choice:

Course Length/Years:

Course Length/Years:

HIGH SCHOOL

SAMPLE, FORM

	<u>Regular</u>	<u>Honors</u>	<u>CIS/CITS</u>	<u>AP</u>	<u>PSEO</u>	<u>IB</u>
Regular English:	0.00	0.00	0.00	0.00	0.00	0.00
Literature:	0.00	0.00	0.00	0.00	0.00	0.00
Composition	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00
Americah Hist:	0.00	0.00	0.00	0.00	0.00	0.00
World History:	0.00	0.00	0.00	0.00	0.00	0.00
American Govt:	0.00	0.00	0.00	0.00	0.00	0.00
Economics:	0.00	0.00	0.00	0.00	0.00	0.00
Civics:	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00
French:	0.00	0.00	0.00	0.00	0.00	0.00
German:	0.00	0.00	0.00	0.00	0.00	0.00
Spanish:	0.00	0.00	0.00	0.00	0.00	0.00
Chinese:	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00
Algebra I:	0.00	0.00	0.00	0.00	0.00	0.00
Algebra II:	0.00	0.00	0.00	0.00	0.00	0.00
Algebra III:	0.00	0.00	0.00	0.00	0.00	0.00
Geometry:	0.00	0.00	0.00	0.00	0.00	0.00
Trigonometry:	0.00	0.00	0.00	0.00	0.00	0.00
Calculus:	0.00	0.00	0.00	0.00	0.00	0.00
Calculus II:	0.00	0.00	0.00	0.00	0.00	0.00
Statistics:	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00
Computer Science	0.00	0.00	0.00	0.00	0.00	0.00
Biology:	0.00	0.00	0.00	0.00	0.00	0.00
Physics:	0.00	0.00	0.00	0.00	0.00	0.00
Chemistry:	0.00	0.00	0.00	0.00	0.00	0.00
Anatomy/Physiology:	0.00	0.00	0.00	0.00	0.00	0.00
Zoology:	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00

GPA and Test Scores

Cumulative GPA: **Class Rank:** **Number in Class:** 0

ACT Test Scores

Composite: 0
English: 0
Math: 0
Reading: 0
Science: 0

ACT Date:
ACT Verified Date:

College Credits

College: **City/State:**
College: **City/State:**
College: **City/State:**

Transcripts will be sent by: **E-mail:**
College Cumulative GPA: **Mail:**

Plan to Retake ACT: Yes No

ACT Retake When: 0.0000

FINANCIAL

SAMPLE, FORM

EXPENSES

Tuition and Fees:	\$0.00
Room and Board:	\$0.00
Transportation:	\$0.00
Books and Supplies:	\$0.00
Incidentals:	\$0.00
Clothing:	\$0.00
Total Expenses:	\$0.00

RESOURCES

from Investments:	\$0.00	
from Parents or Estate:	\$0.00	
from Part-time work:	\$0.00	
from Tuition Grants/Incentives:	\$0.00	
from Other Scholarships:	\$0.00	
from Loans:	\$0.00	Needed to balance
from Savings:	\$0.00	budget:
Total Resources	\$0.00	\$0.00

Employment History

Employer:	Dates:
Type of Work:	Hours per Week:
Employer:	Dates:
Type of Work:	Hours per Week:

IRS Income Tax

Do you live with Step Parent? No	INCOME	A G I	Taxable
Do you live with Single Parent? No	Parents:	\$0.00	\$0.00

Which Tax Year will be submitted:
 2013 IRS 1040, information due by Jan 15, 2015

If your parents do not file with the IRS, please explain:

IRS Form 1040 will be submitted by: **E-mail**
 Mail

ACTIVITIES

SAMPLE, FORM

	9	10	11	12	Leadership Role	Letter
National Honor Society:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Math Team:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Robotics Team:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Knowledge Bowl:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Mock Trial:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Peer Helper/Tutor:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<hr/>						
School Newspaper :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Yearbook:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Key:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Diversity Club:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Debate/Speech Team:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Green Club:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<hr/>						
Student Council:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Class Officer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
LINK Crew:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Junior Rotarian:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<hr/>						
Band / Ensemble:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Choir / Ensemble:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Drama / Musical:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

VARSPORTS	9	10	11	12	Leadership Role	Letter
Fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Winter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Spring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

COMMUNITY	9	10	11	12	Leadership Role	Letter
Theatre / Music:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Boy / Girl Scouts:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4 H:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Church Youth Group:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

AWARDS / HONORS

SAMPLE, FORM

Awarding Organization

Honor

Date (month/year)

ESSAY and LETTERS of RECOMMENDATION

Short Essay

Briefly tell us in 200 words or less:
Why do you think you should be selected for this scholarship?

Letters of Recommendation

Full Name

Subject Taught/Title

E-Mail Address

LR1

LR2

How did you learn about the Alworth Memorial Fund Scholars

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Flyer | <input type="checkbox"/> Alworth Representative |
| <input type="checkbox"/> Website | <input type="checkbox"/> Friend | <input type="checkbox"/> Newspaper / Printed Media |
| <input type="checkbox"/> Poster | <input type="checkbox"/> Parent / Family Member | <input type="checkbox"/> Facebook |
| | | <input type="checkbox"/> Other |

Signature and Submission

- I have informed my High School Counselors office
- Information submitted constitutes my Application
- Checked box constitutes my Signature