

VOCATIONAL SCHOOL SCHOLARSHIP APPLICATION FORM

Sponsored by the Fountain County Extension Homemaker's Association

Scholarship Amount - *Minimum* of \$200.00

Name _____ Age _____

Address _____

High School _____ Year of graduation _____

I. Number in class _____ Your scholastic rank _____

School you plan to attend _____

When do you plan to attend? _____

Vocational plans _____

II. Father's name and occupation _____

Mother's name and occupation _____

Number of brothers _____ Ages _____

Number of sisters _____ Ages _____

Number of family members now attending college _____

III. Estimated cost of schooling _____

Number of years to complete _____

IV. Extracurricular activities _____

Community/other activities (church, scouts, 4-H, etc.) _____

V. Why I need a scholarship (attach one typewritten page)

VI. Enclose 2 recommendations (one teacher, one other)

VII. Enclose a transcript of grades.

Return to Guidance Counselor by April 1.

(Revised 2013)