



School Counselor Direct Dial Phone Number: \_\_\_\_\_

School Counselor E-mail: \_\_\_\_\_

**FAMILY INFORMATION**

*Parent or Legal Guardian:*

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_

Address \_\_\_\_\_ Phone (C) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

*Spouse or Legal Guardian:*

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_

Address \_\_\_\_\_ Phone (C) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

**ADDITIONAL INFORMATION**

List any partial or full scholarships you have already received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**INFORMATION TO BE COMPLETED BY PRINCIPAL OR GUIDANCE COUNSELOR:**

Student's Class Rank \_\_\_\_\_ Student's GPA \_\_\_\_\_

**Provide one of the following:**

SAT Scores: Math \_\_\_\_\_ Reading \_\_\_\_\_ Writing \_\_\_\_\_ Total Score \_\_\_\_\_

ACT Scores: Math \_\_\_\_\_ English \_\_\_\_\_ Reading \_\_\_\_\_ Science \_\_\_\_\_ Total Score \_\_\_\_\_

\_\_\_\_\_  
Signature of person completing this portion of application \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_

**NOTE: ALL INFORMATION REQUESTED ON THIS APPLICATION  
FORM MUST BE PROVIDED IN ORDER FOR THE APPLICANT TO  
BE CONSIDERED A SCHOLARSHIP CANDIDATE.**