



SCHOLARSHIP APPLICATION

Name: _____ Phone: _____

Address: _____

Email: _____

**Please note only Warren County residents are eligible. **

Mother's Name: _____ Phone: _____

Address: _____

Occupation: _____ Place of Employment: _____

Father's Name: _____ Phone: _____

Address: _____

Occupation: _____ Place of Employment: _____

Combined Family Income:

☐ <\$25,000 ☐ \$25,000-\$50,000 ☐ \$50,000-\$75,000 ☐ \$75,000-\$100,000 ☐ >\$100,000

Unweighted GPA: _____ Weighted GPA: _____ ACT Score: _____

Community volunteer activities and honors: _____

School honors, activities, and clubs: _____

Work experience: _____

College you plan to attend and major: _____

Future career/education goals: _____

