

2020 SCHOLARSHIP APPLICATION FORM

AMERICAN WOODMARK SCHOLARSHIP

This application form is to be filled out by the student. It must be completed and turned into Mr. Moons or Mr. Dalton by May 8th. A High School Transcript will be printed off by the counselors upon submission of the application.

APPLICATION FORM

Name of Applicant:

LAST NAME FIRST NAME MIDDLE NAME

Contact Phone # _____

Name of Parent or Guardian/s: _____

Address of Parent or Guardian:

Street or Box and Route: _____

City, State, and Zip Code: _____

Parent/Guardian's Employer/s: _____ Job Title _____

_____ Job Title _____

1. Please list all school organizations to which you have belonged or activities in which you have actively participated, except for sports or music programs, since you have been in high school:

NAME OF ORGANIZATION OR ACTIVITY	NUMBER OF YEARS	OFFICES HELD
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. List all sports or music programs you have actively participated in since you have been in high school:

NAME OF SPORT/MUSIC PROGRAM	NUMBER OF YEARS	NAME OF SPORT/MUSIC PROGRAM	NUMBER OF YEARS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. List all of the community activities you have participated in, including church and leadership roles in organizations.

_____	_____
_____	_____
_____	_____
_____	_____

4. List all honors or awards which you have received in athletics or academics while in high school:

AWARD	YEAR	AWARD	YEAR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. What is your weighted accumulated Grade Point Average? _____

6. List the classes in which you are enrolled this year.

7. In less than three sentences, please explain the subject area you plan to study after high school. (In what area will you major and why?)

8. In what ways do you think your career choice (of #7 above) will influence your future and your community as a whole?

9. Financial Need:

A. Check appropriate box to indicate amount of annual combined family income (from all sources).

Under \$30,000 \$30,000 - \$45,000 Over \$45,000

B. Have you been awarded any other scholarships? Yes No

If yes, how much money have you been awarded? _____

C. After financial aid and other scholarships, estimate your out-of-pocket expenses (including loans) per year for the college of your choice.

I certify that the above information is accurate and authorize Clinton County High School to release my transcript to the scholarship committee.

Signature of Applicant _____ Date _____