

**SCHOLARSHIP APPLICATION**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Adult's age for grant request purposes only)

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Email \_\_\_\_\_

**Total family income report of last year's income tax \_\_\_\_\_ (Please provide proof of income)**

Student's Class Choice \_\_\_\_\_

Class Number

Title of class

Why is a scholarship necessary? \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

***(To be completed if scholarship request is for a child)***

Name of Parents/Guardian \_\_\_\_\_

Address (if different) \_\_\_\_\_

School Attending \_\_\_\_\_ District \_\_\_\_\_

Grade student will complete this year \_\_\_\_\_ Number of children living at home (under 18) \_\_\_\_\_

Occupation of Father (husband) \_\_\_\_\_

Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_

Occupation of Mother (wife) \_\_\_\_\_

Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_

***(To be completed if scholarship request is for an adult)***

Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_

Spouse's Employer \_\_\_\_\_

Address of Spouse's Employer \_\_\_\_\_

Number of children living at home (under 18) \_\_\_\_\_

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(For use of scholarship office only)

Scholarship given \_\_\_\_\_ Amount of Scholarship by CAG \_\_\_\_\_ Amount by Recipient \_\_\_\_\_

Date decided \_\_\_\_\_ Date Applicant notified \_\_\_\_\_ By \_\_\_\_\_

Remarks \_\_\_\_\_

Teacher Evaluation \_\_\_\_\_