

# Center High School General Scholarship Application

Type or print for legibility using black or blue ink.

Name: \_\_\_\_\_ CHS Class of: \_\_\_\_\_

**Parental Information:** Some scholarships may be linked to specific employers/occupations.

Father's name: \_\_\_\_\_

Employer name: \_\_\_\_\_ Occupation/job: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Employer name: \_\_\_\_\_ Occupation/job: \_\_\_\_\_

Total number of family members living at home: \_\_\_\_\_

Total number of family members (NOT including yourself) attending college: \_\_\_\_\_

**Family financial status (Check one)**

Less than \$25,000 annually  \$45,000 to \$65,000 annually

\$25,000 - \$45,000 annually  \$65,000 to \$90,000 annually

More than above annually

List the colleges, universities, technical schools you have applied to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Community service hours to date: \_\_\_\_\_

**On a separate page, explain the reasons you are applying for a scholarship and why you should be selected. Be sure your name is on the attached page.**

**Authorization for Release of Educational Information**

I hereby give permission for my transcript and other information necessary for scholarship consideration to be reviewed by the scholarship committees. I understand the receipt of a scholarship is a privilege. Should I be awarded a scholarship, I will enroll in college as a full-time student the fall semester following graduation or scholarship money is forfeit.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Counseling Office Use Only

ACT: \_\_\_\_\_ SAT: \_\_\_\_\_ GPA: \_\_\_\_\_ Rank: \_\_\_\_\_ of \_\_\_\_\_