**

*Morrow Memorial Home Foundation Scholarship Application*

Name:

Address:

Phone:

**High School Academic Information**

ACT Composite Score (if applicable)

**Future Education Plans**

School you plan on attending

Have you applied? Yes [ ]  No [ ]

Have you been accepted? Yes [ ]  No [ ]

Area of study (If unsure indicate “Undecided”)

Desired career upon college graduation

GPA (Cumulative)       (use 3 decimal points, do not round)

Class Rank       of

**School Activities**

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | # years involved | Special awards, honors | Offices Held |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Community Involvement/Volunteer**

|  |  |  |  |
| --- | --- | --- | --- |
| Activity and description | Number of hours | # years involved | Honors/ Awards |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Work**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer | Position- job duties | Hours per week | Dates employed |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Personal Statement

Address the following in a typed, one page (no longer), 12 point font essay. Completeness of ideas, sentence construction, spelling and neatness are important. *What would receiving a scholarship mean to you and why? What qualities and attributes do you have that make you a top candidate for a scholarship? You may also share any extenuating circumstances that may be an obstacle to your education (i.e. family situations, personal situations, financial, health), but this is optional.*

**Please read the statements below and sign/date:**

* I verify that the information provided on this application is accurate and my original work.
* I acknowledge that I read and agree to the terms on the scholarship instruction page.
* I understand that failure to follow the instructions may result in an invalid application.
* I consent for the School District that I am enrolled in to verify my official GPA and class rank.

**Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**