

# Mabel Almquist



## Silverton High School Scholarship Application

### **FOR HIGH SCHOOL SENIORS**

(Requires original and 3 copies, including transcript)

Applications will be accepted up to March 15, 2019.

This application is to be used by qualified applicants who desire to apply for a Mabel Almquist Silverton High School Graduate Assistance Fund scholarship.

The scholarship will be awarded to:

- U.S. Citizens who are graduates of Silverton High School and who are full time undergraduate students at any public or private educational/vocational institution. (Students who have not yet graduated may apply, but must have graduated and be enrolled prior to distribution of the award.)
- Awards will be based on academic ability, excellence in a school related field of endeavor, community and school service, and general attitude. Financial need and the extent to which an applicant has provided for his or her own post high school education may be taken into account.

*Please print, type, or word process.*

NAME: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

School you plan to attend: \_\_\_\_\_

Major Field of Study: \_\_\_\_\_

Have you applied for Admission? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been accepted? \_\_\_\_\_ Yes \_\_\_\_\_ No

**COMPLETE THE FOLLOWING:**

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Participation in student government, school clubs, sports and other extracurricular activities (include offices held):

Activity:	Position:	Year:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Work Experience:		
Job Description:	Employer:	Dates:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Community Service Participation:	
What:	When:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Honors and awards received:**

**Honor or Award:**

**Year(s):**

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**Special interests and hobbies:**

1. 

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2. 

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3. 

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**Career goal(s):**

1. 

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2. 

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3. 

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**Explain why you are deserving of this scholarship award:**

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**Describe any area(s) of special excellence or achievement:**

1. 

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2. 

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3. 

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How much have you personally saved to be used for your own post High School education? \$ \_\_\_\_\_

Source of Savings:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ANTICIPATED BUDGET FOR NEXT YEAR**

**Anticipated Resources**

Personal savings through May \_\_\_\_\_  
Expected summer earnings \_\_\_\_\_  
Net earnings during year \_\_\_\_\_  
(not counting the summer)  
Family Contribution \_\_\_\_\_  
Other (specify) \_\_\_\_\_  
  
Amount needed in loans, grants  
or scholarships against expected costs \_\_\_\_\_  
  
A. Total Expected Resources \_\_\_\_\_

**Expected Costs**

Tuition and fees: \_\_\_\_\_  
Room and board \_\_\_\_\_  
Books & supplies \_\_\_\_\_  
Laundry & dry cleaning \_\_\_\_\_  
Insurance & medical \_\_\_\_\_  
Car payments & costs \_\_\_\_\_  
Transportation costs \_\_\_\_\_  
Other (specify) \_\_\_\_\_  
  
B. Total Expected Costs \_\_\_\_\_

**A. and B. MUST equal each other.**

I BELIEVE ALL OF THE INFORMATION IN THIS APPLICATION AND THE ATTACHMENTS IS TRUE. I HAVE READ AND AGREE TO BE BOUND BY THE TERMS OF THE SCHOLARSHIP.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(APPLICANT)

**NOTE: PLEASE ATTACH ALL ADDITIONAL PAGES TO THIS APPLICATION AND RETURN IT TO CHRISTINE CHORAZY NO LATER THAN 3:00 p.m. on MARCH 15, 2019.**

For this application to be considered the following must be completed:

- All items in the application must be completed
- A copy of your **TRANSCRIPT** (front and reverse) must be attached
- Application must be signed and dated
- The original application **and three complete copies (including a copy of your transcript with each copy)** must be submitted no later than March 15, 2019 at 3:00 p.m. to Christine Chorazy in the College and Counseling Center