Glendale Area Junior/Senior High School LOCAL SCHOLARSHIP APPLICATION

Dear Student Applicant:

This application will be used in the determined on trequire a separate application (some application in order to determinate a recipie you will be contacted by the guidance of complete and return this form, along with dismissal on! NO EXC be considered for local scholarships!	ne local scholarships ned ent). If you qualify for a s fice. Students interest th a college acceptance	ed more specific information from a sep scholarship that requires a separate applic ed in competing for local scholarships letter, to the Guidance Office by after	arate cation must moon
STUDENT'S FULL NAME:			
ADDRESS:			
CITY:		STATE: PA ZIP CODE:	
PHONE NUMBER:			
BIRTH DATE:			
COUNTY OF RESIDENCE: (check one)	☐ CAMBRIA	☐ CLEARFIELD	
NAME OF POST-SECONDARY SCHOOL TO V (*Attach a copy of your acceptance letter to	•	ACCEPTED AND PLAN TO ATTEND:	
INSTITUTE'S NAME:			
INSTITUTE'S ADDRESS:			
INTENDED MAJOR:			
This section will be completed by Mrs. Koza	ik with a transcript attac	.nea.	
ACADEMIC ACHIEVEMENT:			
High School Average:			
Class Rank: of			

ACTIVITIES: Please list all school and community activities and indicate years participated. (*Attach an additional sheet if necessary)

ACTIVITY	GRADE 9	GRADE 10	GRADE 11	GRADE 12

HONORS AND AWARDS: Please list any award or honor you have received in grades 9-12. (*Do <u>not</u> list Honor Roll or *National Honor Society* membership)

Name of Award	Awarded By Date Awarded	

WORK EXPERIENCE: Please list any work experience below. (*You may include babysitting, cutting grass, etc.)

POSITION	EMPLOYER	DATE OF EMPLOYMENT

COMMUNITY SERVICE: For Grades 9-12 ONLY! Please list the activity, approximate number of hours completed, and the year service was completed. (*Attach an additional sheet if necessary)

ACTIVITY/HOURS	GRADE 9	GRADE 10	GRADE 11	GRADE 12