

The Roark Maxwell Fizer Memorial Scholarship

This scholarship is available to a graduating senior who has attended Columbia City High School his/her final year and who is planning to attend a college or university in pursuit of a Baccalaureate degree. The recipient will be chosen based on academic standards and financial need. This scholarship is renewable for four years. If the recipient of this scholarship leaves college before graduating, the scholarship will be forfeited and another recipient will be chosen for the following year.

APPLICANT INFORMATION

Name _____
 Permanent Address _____
 Date of Birth _____ Telephone Number _____
 Social Security Number _____

FAMILY INFORMATION *(Please circle whom you are living with)*

Name of Father/stepfather/guardian _____
 Address _____
 Place of Employment/Occupation _____
 Education: Elementary ____ H.S. ____ Some College ____ College Degree ____

Name of mother/stepmother/guardian _____
 Address _____
 Place of Employment/Occupation _____
 Education: Elementary ____ H.S. ____ Some College ____ College Degree ____

Number of siblings and their ages _____

FINANCIAL INFORMATION

Total household income for previous year _____

Please detail how you plan to finance your education and note how much support you will be receiving from sources such as relatives, employment, scholarships, grants etc.

EXTRACURRICULAR ACTIVITIES

Please list any clubs, teams or groups (school, church, community, & etc.) you have been involved in and check the years you have actively participated in the program:

Activity	Freshman	Sophomore	Junior	Senior	Awards/Special Achievements

WORK EXPERIENCE

In the space provided below, please provide employment history:

Employer	Dates	Description

COLLEGE OR UNIVERSITY INFORMATION

College or University you plan to attend _____

Planned Field of Study _____

What factors have contributed to these decisions?

List factors that you believe make you deserving of this scholarship?

Current high school class standing _____

SAT Verbal _____

Math _____

CERTIFICATION

I hereby affirm that the information provided in this application is accurate and complete to the best of my knowledge.

Signature of Applicant

Please include a copy of your current high school transcript and return this application to the CCHS Guidance Department **by April 15.**