

TIFFANY PARKER SCHOLARSHIP APPLICATION FORM

Instructions: This form must be completed and returned to the Columbia City High School Guidance Office on or before April 15th.

Applicant Data:

Mr. / Ms. _____

Last Name

First Name

Social Security # _____

Date of Birth _____ Telephone # _____

Address _____

City _____ County _____

Family Data:

Mother _____

Occupation _____

Father _____

Occupation _____

Name and age of Brothers & Sisters:

High School Data:

Please attach a copy of your school transcript for all years attended at Columbia City High School.

Class Rank _____ Class Size _____ GPA _____ SAT/ACT _____

How has High School prepared you for your future educational/vocational plans?

Advanced Education/Vocation Data:

School You Plan To Attend _____

Have You Applied? _____ Been Accepted? _____

Major Field of Study _____

Planned Years of Study to Complete _____

Educational/Vocational Objective

Employment Data:

Describe any work experience during the past four years.

Employer	Position	Length of employment/hours

How did working influence you, or what did you learn from it?

Activities/Awards Data:

Describe any extracurricular, community and humanitarian activities you have participated in during the past four years. Indicate any special awards or honors received.

Activity/Award

Activity/Award

Activity/Award

Activity/Award

Activity/Award

Activity/Award

Activity/Award

Activity/Award

In signing this application, I hereby certify that the information is complete and accurate to the best of my knowledge. My signature indicates my permission to release the attached personal and all academic records to this scholarship review/approval process. I also agree to be personally interviewed by the scholarship advisors and/or representative teachers. If under 18 years old, a parent or guardian's signature is required.

Student _____ Date _____

Parent/Guardian _____ Date _____

Application must be received by CCHS no later than April 15th.