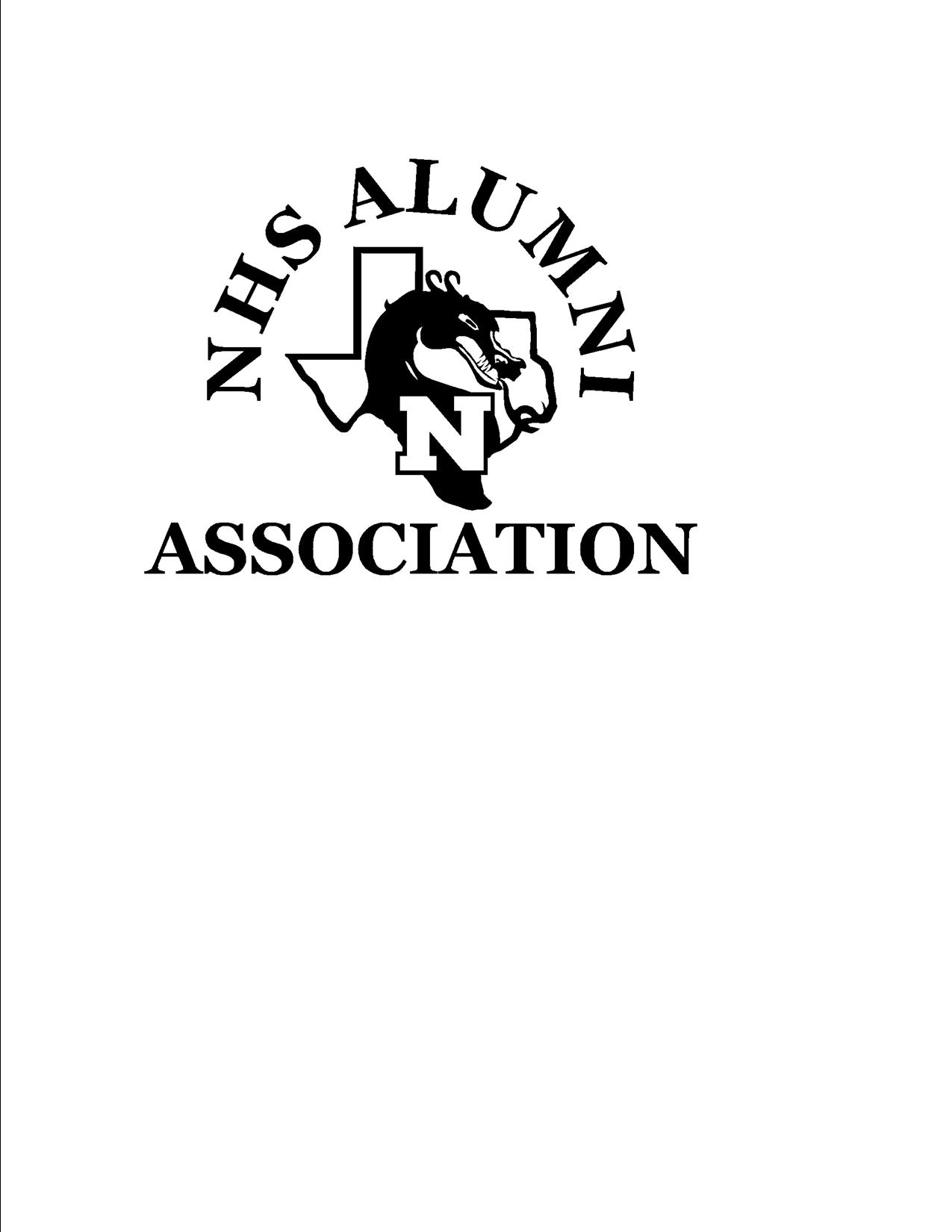
**Attach a recent head and shoulders photograph. This is for identification purposes to put a face with a name. Professional photographs are not necessary. Photocopies of the photographs are acceptable.**

***Scholarship Application***



Complete and return to the **NHSAA office** (Room 500 @ NHS)

**MUST BE SUBMITTED BY: MARCH 1, 2018 3:00 p.m.**

**C**ontact the NHS Counselor or the NHSAA Alumni office for help. Incomplete applications **will not** be considered.

**PLEASE TYPE OR PRINT**:

Full Name:

First Middle Last

Mailing Address:

Street City Zip

Phone Number: Date of Birth:

Email Address:

**ACADEMIC - COUNSELOR’S SECTION (***TRANSCRIPT NOT REQUIRED)*

*You must have your counselor complete this section using your school’s grading and ranking system. Give to counselor at least a week before due date.)*

GPA on 100 scale \_\_\_\_\_\_\_\_ Rank:\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_ Date of rank:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(unweighted)

ACT Composite:\_\_\_\_\_\_\_\_\_ SAT:\_\_\_\_\_\_\_ (cr & math only)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor Signature

**EXTRACURRICULAR/AWARDS & HONORS/COMMUNITY SERVICE:**

List clubs and organizations in and out of school. Attach resume for additional items.

|  |  |  |  |
| --- | --- | --- | --- |
| **Organizations** | **Member/ offices** | **Years** | **Describe** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Awards/Honors** | **Year** | **Describe** |
|  |  |  |
|  |  |  |
|  |  |  |

List community service and volunteer hours:

|  |  |  |
| --- | --- | --- |
| **Employer** | **Duties** | **Dates of Employment** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Volunteer service** | **Year** | **Hours** | **Describe** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**WORK EXPERIENCE (Paid or unpaid)**

**APPLICATIONS TO COLLEGES:**

|  |  |  |
| --- | --- | --- |
| **College Application** | **Major** | **Accepted/denied/pending** |
|  |  |  |
|  |  |  |
|  |  |  |

**TO BE CONSIDERED AS COMPLETE APPLICATION –** FAMILY INFORMATION**:**

***List only individuals in household at time of graduation.***

Father/Step-Father\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Step-Mother\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number children in family including self: \_\_\_\_\_ Ages: \_\_\_\_\_\_\_\_\_ Including self, # in college Fall 2018: \_\_\_

Adjusted gross income from 2017 Tax Return completed by parent or parents where you live. ([www.fafsa.gov](http://www.fafsa.gov) required by all colleges).

🞏$0-$20,000 🞏$21,000-$40,000 🞏$41,000-$60,000

🞏$61,000-$80,000 🞏$81,000-$100,000 🞏$100,000+

**SCHOLARSHIPS RECEIVED:**

Please list scholarships you have definitely received, not just completed application:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OTHER INFORMATION:**

This applicant for the NHSAA Scholarship is shown to have good character and conduct:

🞏 Yes

🞏 No: examples:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assistant Principal signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LETTERS OF RECOMMENDATION:**

Three letters of recommendation must be attached. Letters from teachers, principals, coaches, club sponsors or community members from work, church, or other outside entities are acceptable. Letters should describe additional personal strengths. Your academic information is provided in Counselor Section.

**Name Occupation Contact Info**

**ESSAY BY APPLICANT:**

Write a 300-400 word essay expressing how your school experiences-academics, extracurricular activities, outside activities and work experiences-are shaping your educational and career goals, why you should be considered for scholarship support, and any financial or other information you wish to share that may be of importance to the selection committee. This is an opportunity to share your strengths, goals, and special circumstances that may impact your college education.

**GUIDELINES:**

Any Scholarship funds managed by the NHS Alumni Association not drawn by the recipient by January 31, 2020, will be forfeited.

I agree to notify the NHSAA office of any change in my address or educational plans if I receive an award.

I certify this is my application for an NHSAA scholarship and that I have prepared this application as accurately as possible and to the best of my ability.

I understand a thank you letter must be sent to the donor with a copy sent to the NHS Alumni Association prior to disbursement of scholarship funds to the designated college. Thank you letters are due prior to August 31, 2018 or scholarship is forfeited.

Student Signature Date

Parent Signature Date