

Holton High School Local Scholarship Application

Name of Scholarship: _____ Date: _____

Name: _____ Phone: _____

Parent(s)/Guardian(s) Name(s): _____

How many people, including yourself, reside in your household? _____

How many household members (including parents) are currently full-time students? _____

Please indicate the amount that best describes your family annual income:

_____ under \$20,000 _____ \$20,000-50,000 _____ \$50,000-80,000 _____ \$80,000-100,000 _____ over \$100,000

Please check your post secondary plans:

_____ Kansas College/University _____ Out-of-State College _____ Technical/Trade School

College/Technical/Trade school you plan to attend: _____

Anticipated major (please be specific): _____

Post-secondary entrance date (month/year): _____/_____

Career Goal: _____

Unweighted GPA: _____ Unweighted Class Rank: ____/____

Weighted GPA: _____ Weighted Class Rank ____/____

ACT Superscore: _____ SAT Score: _____

Are you completing the Kansas Board of Regents Curriculum? _____ Yes _____ No

If you know of any scholarships you will receive list the names and amounts below:

In a short essay, please explain your post secondary educational plans and career goals and how this scholarship will benefit you. (Use a separate sheet of paper)

I verify this information is accurate to the best of my knowledge.

Student Signature

- Did I include a resume with this application?
- Did I check that I have met this specific scholarship's requirements?