

EDUCATION SCHOLARSHIP APPLICATION
ASHLAND COUNTY RETIRED TEACHERS ASSOCIATION

NAME IN FULL _____
Last First Middle

PRESENT ADDRESS _____

Telephone

NAME OF PARENT OR GUARDIAN _____

DATE _____ G.P.A. _____ A.C.T.COMPOSITE _____

*Please
attach a
transcript*

LIST HIGH SCHOOL(S) ATTENDED AND YEARS _____

1. What school do you plan to attend? _____
2. What course of study will you pursue? _____
3. Have you applied for admission? _____ Have you been accepted? _____
4. In what extracurricular activities have you participated? _____

5. Community Service _____

6. Approximately what percentage of your college expenses do you anticipate to earn? _____

7. What other scholarships/grants/loans will you receive? _____

8. What is your rank in your graduating class? How many students are in your class? _____

9. List 3 references and include a short note from each. _____

10. In a short paragraph, tell us your plans and your need for this scholarship. _____

