

Scholarship Application

Please read carefully the Scholarship Guidelines document before completing this application. Applicants of all ages (**traditional high school students and non-traditional adult students**) are considered for scholarships. Complete all questions as they provide useful information for the committee’s decision making. Mark Not Applicable (N/A) if the question is not appropriate for your application. Date due: **April 15th 2022.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ Do you currently have a job \_\_\_\_\_ If yes is it paid/volunteer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GPA**: \_\_\_\_\_\_\_\_\_ **FAFSA/EFC Score**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Information on FAFSA page 1)

\_\_\_\_ Earning/Earned High School Diploma from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

\_\_\_\_ Earned GED from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

Which college/institution do you plan to attend:

\_\_\_\_ Marietta College

\_\_\_\_ Washington State Community College

\_\_\_\_ The Washington County Career Center Adult Program

**Please complete the following information about the applicant.**

1. \_\_\_\_\_ Dependent / \_\_\_\_\_\_ independent of parents as defined by income tax status.
2. \_\_\_\_\_ Married / \_\_\_\_\_ Single / \_\_\_\_\_ Divorced or separated
3. Parent(s) marital status: \_\_\_\_ married / \_\_\_ single / \_\_\_\_ divorced/separated / \_\_\_ N/A
4. While attending college will \_\_\_\_ live at home / \_\_\_\_\_ will live away from home.
5. Will receive veteran benefits \_\_\_\_\_ yes / \_\_\_\_\_ no

If yes, what type? \_\_\_\_ Contributory / \_\_\_\_ GI Bill / \_\_\_\_\_ Dependents Educational Assistance.

1. Has applicant been convicted of a drug or alcohol offense, vandalism or any felony?

\_\_\_\_\_ yes / \_\_\_\_\_ no

1. My current higher education goal is: (Please tell us your area of study and certificate/degree you plan to earn)

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

**Please complete the following information.**

1. Please list (or attach a list) your community service and indicate whether it was part of a school program/club/activity or done outside of school.
2. Please briefly describe your future goals and your intention to remain in the local community.
3. Please list (or attach a list) sports, extra-curricular activities, and/or work experience.
4. Please list the first names and ages of any individuals living in the household (individuals under 19 as of April 2021).
5. Please list (or attach a list) all scholarships you have received.

(Use additional paper if necessary to answer any of the above.)