

Elk Grove High School
Local Scholarship Application – 2009

Name of Scholarship:

Deadline: Wednesday **April 15, 2009**

Student Information:

Name: _____ Student ID# _____

Address: _____

Phone #s: Home _____ Cell _____

Email address: _____

Cumulative College Weighted G.P.A.: _____ Class Rank: _____ / _____

Career Goal: _____

College planning on attending: _____

Family Information:

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

Parents combined annual gross income: _____

Number of dependents/children in the family: _____

- d. List any and all honors, scholarships and awards received.
- e. Are there any special circumstances that affect your ability to afford college? Please be thorough and specific.

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- **ATTACH TWO LETTERS OF RECOMMENDATION FROM TWO DIFFERENT PEOPLE. A SCHOOL EMPLOYEE, COMMUNITY MEMBER, EMPLOYER OR CHURCH MEMBER WHO KNOWS YOU WELL.**
 - **ATTACH A COPY OF YOUR CURRENT UNOFFICIAL TRANSCRIPT. (1st semester grades included.)**
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To the best of my knowledge, all of the above information is true and correct.

Student Signature

Date