

High School Senior Scholarship Application is to include:

- 1. Scholarship application deadline is March 1st.**
- 2. Applicants for academic scholarships must have a minimum ACT/SAT of 20/1410 and minimum of 3.0 GPA on a scale of 4.0.**
- 3. Include a letter of acceptance from a college or university.**
- 4. Include a high school transcript including first semester of senior year.**
- 5. Include a verification of ACT/SAT scores with application.**
- 6. Include three letters of recommendation from either teachers, counselors, or coaches.**
- 7. This application and documentation for items 3 – 6 should be returned to:**
 - a. Your local reconditioner by March 1**

Academic Year _____

1. Personal Information

Name: _____ Social Security Number _____
Last First Middle

Address: _____
Street City State Zip

Home Phone: _____ Birth Date: _____
Month/Day/Year

Members of your immediate family with whom you live: _____

2. Academic Information:

High School Attended: _____

ACT/SAT Score: _____ Month and Year taken: _____

College/University application(s) have been submitted to: _____

I have been accepted to the following college/University _____

3. Scholarship Information

Have you applied for or received any other scholarships? Yes _____ No _____

If Yes, please list: _____

4. Activities

List school related extracurricular activities or community service activities (i.e. clubs, sports, offices held, ect.)

List academic honors or other special awards you have received:

5. Financial Resources:

How do you plan to finance your college education?

6. Essay – to be printed on a separate piece of paper

Reflecting on your family's experiences and personal circumstances, what would you tell us that is not already revealed or explained sufficiently in your application?

7. Applicant Certification:

I hereby certify that the information provided in this application is true and correct. I have not knowingly withheld any facts or circumstances that could interfere with the truthfulness and/or accuracy of this application.

I understand that this application will be available only to the Voigt R. Hodgson Memorial Scholarship Committee or selection review committee members. I waive the right to access letters of recommendation written on my behalf.

If selected to receive the Voigt R. Hodgson Memorial Scholarship, I give the Committee permission to release my name for the press releases.

Applicant's Signature (required) _____

Date _____
Month/Day/Year

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