

CHARLEVOIX COUNTY COMMUNI
FOUNDATION

COMMON SCHOLARSHIP APPLICATION

Please refer to the general information section of the scholarship booklet to assist you in completing this application.
This form may be photocopied and used to apply for the majority of scholarships in this booklet.
Use additional sheets if space provided is not sufficient.

NAME OF SCHOLARSHIP: _____

APPLICANT NAME: _____
Last First Middle

ADDRESS: _____
Street City State Zip

TELEPHONE: _____ SOCIAL SECURITY #: _____ BIRTH DATE: _____

EMAIL: _____ HIGH SCHOOL ATTENDED: _____

COLLEGE: Name of the college for which financial aid is requested. If unknown, please list in the order of preference where applications have been sent.

SCHOOL	LOCATION
_____	_____
_____	_____
_____	_____

What course of study do you plan to pursue? _____

TRANSCRIPT INFORMATION: Please include an official copy of your latest academic transcript in addition to the following information:

ACT SCORE: _____ GPA: _____

Did you meet the federal guidelines to qualify for the federal lunch program? YES NO
If yes, did you qualify for the FULL program or the PARTIAL program? _____

MEMBERSHIP INFORMATION: If employment or membership in an organization is an eligibility requirement for this particular scholarship application, please describe how you qualify for the scholarship.

LIST PRIOR WORK EXPERIENCE: If you have never been employed, please explain the use of your summer time.

EMPLOYER	TITLE/WORK PERFORMED	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

