

FCHS Alumni Association Scholarship Application

1. I am applying for the _____ scholarship.

2. Name (Last, First, Middle): _____

2. Social Security Number: _____

3. Street Address: _____

4. Phone Numbers (Home/Work with area codes): _____

5. e-Mail Address: _____

6. Birth Date (mm/dd/yyyy): _____

7. Date or expected date of graduation from Ford City High School (mm/dd/yyyy): _____

8. I plan to be a full-time, $\frac{3}{4}$ -time, half-time (circle one) student at (name of institution): _____

Fall Semester

Spring Semester

Summer Session

9. Student Status:

Entering Freshman/Continuing Freshman

Sophomore

Junior

Senior

10. Intended Major/Course of Study:

11. College Entrance Scores: ACT ____ SAT ____ GPA (High School/College): ____ / ____

12. List name/phone # of three individuals who will submit letters of recommendation in your behalf:

a. _____

b. _____

c. _____

13. Attach list of examples demonstrating leadership qualities and community involvement.

I certify I am a U.S. citizen and all information provided is true and accurate. If requested, I will provide supporting documentation to validate this information. I also give permission to the FCHS Alumni Association to release appropriate information to the media if I am awarded this scholarship.

Signature: _____ Date: _____