

Office Use Only: Class Rank ____ of ____ : GPA ____ ; ACT _____

USD 247 SCHOLARSHIP APPLICATION

ALL GRADUATING SOUTHEAST HIGH SCHOOL SENIORS WHO PLAN TO ATTEND A POSTSECONDARY SCHOOL ARE ELIGIBLE TO APPLY. NOT ALL APPLICANTS MAY RECEIVE A SCHOLARSHIP. STUDENTS COMPLETING THE SCHOLARS CURRICULUM AND THE BOARD OF REGENTS CURRICULUM WILL HAVE FIRST CONSIDERATION. SUBMIT THE APPLICATION TO THE COUNSELOR BY THE MARCH 1ST DEADLINE.

1. NAME: _____

2. CURRENT ADDRESS: _____

3. GRADE SCHOOL ATTENDED: _____

4. SCHOOL ACTIVITIES (LIST MEMBERSHIP IN ORGANIZATIONS, SPORTS TEAMS, BAND, ETC.):

5. LEADERSHIP POSITIONS HELD:

6. COMMUNITY INVOLVEMENT AND SERVICE:

7. WORK EXPERIENCE:

8. COLLEGE YOU PLAN TO ATTEND: _____

9. AREA OF STUDY/MAJOR: _____

10. ESSAY REQUIREMENT: Please attach a typed essay describing your background, future goals, and any other information that would assist them in choosing deserving scholarship recipients.

11. By submitting this application, I give permission for Southeast High School to furnish to the Scholarship Committee any or all of my school records, including but not limited to transcript, grade point average, records of attendance and records of behavior.

SIGNED: _____ SIGNED: _____
(Student) (Parent)

DEADLINE: March 1, 2024