

**VOCATIONAL SCHOOL SCHOLARSHIP APPLICATION FORM**

Sponsored by the Fountain County Extension Homemaker's Association

Scholarship Amount - *Minimum* of \$200.00

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

High School \_\_\_\_\_ Year of graduation \_\_\_\_\_

I. Number in class \_\_\_\_\_ Your scholastic rank \_\_\_\_\_

School you plan to attend \_\_\_\_\_

When do you plan to attend? \_\_\_\_\_

Vocational plans \_\_\_\_\_

II. Father's name and occupation \_\_\_\_\_

Mother's name and occupation \_\_\_\_\_

Number of brothers \_\_\_\_\_ Ages \_\_\_\_\_

Number of sisters \_\_\_\_\_ Ages \_\_\_\_\_

Number of family members now attending college \_\_\_\_\_

III. Estimated cost of schooling \_\_\_\_\_

Number of years to complete \_\_\_\_\_

IV. Extracurricular activities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Community/other activities (church, scouts, 4-H, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

V. Why I need a scholarship (attach one typewritten page)

VI. Enclose 2 recommendations (one teacher, one other)

VII. Enclose a transcript of grades.

**Return to Guidance Counselor by April 1.**

(Revised 2013)