

CODY-KILGORE LOCAL SCHOLARSHIPS APPLICATION FORM

**Please return all completed forms to the school counselor.
Scholarship applications are due by April 9, 2019.**

Name:

College that you are planning to attend:

Major field of study:

Are you planning to live on campus?

ACT Composite Score:

GPA:

Class Rank:

***Provide a separate resume outlining your honors, activities, offices held, community activities, etc.**

***Provide a letter of recommendation from a non-relative.**

Why should you be selected for this scholarship? (150 – 300 words)

What do you feel you can contribute to the field of study you have chosen? (150 – 300 words)

What was your most significant experience while attending Cody-Kilgore Schools? (150 – 300 words)

PLEASE READ AND SIGN THE FOLLOWING I certify that, to the best of my knowledge, the information given is accurate and complete. I understand that these scholarships are to be used for school attendance. Should I decide to drop out of school without completing a semester I will refund the money to the sponsors. This information will be made available to the scholarship sponsors. Additionally, I understand the required ACT scores, class rank, and grade point average will be shared with a scholarship committee.

Student signature date

Parent signature date