

## **General Application for Local Area Scholarships**

## Scholarships available, as well as amount, may change from year to year.

Instructions: Complete the information on this form. Attach the information requested in Sections III, IV, & V and return to the Counselor's Office by **Thursday, March 11, 2021 at 4:00pm.** 

Section I – Demographic Information						
Last Name	First Name	First Name				
Address						
Student Phone		Parent Phone				
Student Personal Email (do not use your sch	nool email pleas	e)				
Family – List all people with whom you live (also include siblings in college):						
Name	Age	Relationship to you	Occupation/Employer			
Section II – Educational/Career Inforn	nation					
Colleges to which you have applied and have	e been accepte	d:				
College name and location	and location Applied A			Accepted		

## **LAGO VISTA HIGH SCHOOL General Application for Local Area Scholarships**

If you ha	ave decided, what type of degree are y	ou pursuing? (Check one)	
	Certificate (less than 1 year)	Associate (2 years)	
	Bachelor's (4 years)	Masters (5+ years)	
	Undecided		
If you ha	ave decided, which college is your top	choice?	
If you ha	ave decided, what will your major be?		
If you ha	ave decided, what are your career goal	s?	
Section	III – High School/Community/Work	Information	
awards,	offices held, special recognition, etc.	ch includes school activities (clubs, sports, etc. Also include a list of community service activitien ave had a leadership role. (Grades 9-Present)	es to
Section	IV - Letters of Reference		
Please a	attach letters of reference (2 minimum,	maximum of 3)	
Section	V – Essays (both required – please a	ttach)	
A.		ess) describing how your life goals and plans a nclude any circumstances within your family that icial assistance.	
B.	Briefly describe your most valuable hi	igh school experience (400 words or less) and	attach.
	ment record to be shared with local civ	, authorize this form, all attachments, and mic organizations and businesses for scholarship	
Stu	dent Signature	Parent/Guardian Signature	
<u>Section</u>	VI – TO BE COMPLETED BY COUN	SELOR	
	Rank in class:	Grade Point Average:	
	ACT Composite: SAT Verb	pal: Math:Writing:	
	Verify attachments:Resume	Transcripts	
Date	e submitted:	Counselor Initials:	