



General Application for Local Scholarships

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

Instructions: Complete all of the information on this form. Attach the information requested in Sections III, IV, & V and return to the Counselor's Office by **Thursday, March 10, 2022 at 4:00pm.**

Section I – Demographic Information

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Last Name

First Name

Middle Initial

Address

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Student Phone

Parent Phone

Student Personal Email (**do not use your school email please**)

Family – List all people with whom you live (also include siblings in college):

Name	Age	Relationship to you	Occupation/Employer

Section II – Educational/ Career Information

Colleges to which you have applied and have been accepted:

College name and location	Applied	Accepted

LAGO VISTA HIGH SCHOOL
General Application for Local Scholarships

If you have decided, what type of degree are you pursuing? (Check one)

____ Certificate (less than 1 year) ____ Associate (2 years) ____ Bachelor's (4 years)
____ Masters (5+ years) ____ Undecided

If you have decided, which college is your top choice?

If you have decided, what will your major be?

If you have decided, what are your career goals?

Section III – High School/Community/Work Information

Please attach a resume to this application, which includes school activities (clubs, sports, etc.), honors, awards, offices held, special recognition, etc. Also include a list of community service activities to which you have dedicated significant effort or have had a leadership role. (Grades 9-Present)

Section IV – Letters of Reference

Please attach letters of reference (2 minimum, maximum of 3)

Section V – Essays (both required – please attach)

- A. Give a brief summary (300 words or less) describing how your life goals and plans after high school will benefit you in the future. Include any circumstances within your family that might have a bearing on your need for financial assistance.
- B. Briefly describe your most valuable high school experience (400 words or less) and attach.

I, _____, authorize this form, all attachments, and my achievement record to be shared with local civic organizations and businesses for scholarship purposes.

Student Signature

Parent/Guardian Signature

Section VI – TO BE COMPLETED BY COUNSELOR

Rank in class: _____

Grade Point Average: _____

ACT Composite: _____

SAT Math: _____ Reading/ Writing: _____

Verify attachments: Resume _____

Letters of Reference _____

Essays _____

Transcripts _____

Date submitted to Counselor: _____

Counselor Initials: _____