



# SCHOLARSHIP APPLICATION FORM

All information must be typed or completed in ink and be legible.

Name: \_\_\_\_\_

Address:

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Date of Birth (mmddy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Academy: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

College of Acceptance: \_\_\_\_\_

Intended Program of Study: \_\_\_\_\_

High School Activities and Awards:

Outside Activities & Interests:

**Write an essay telling how you see yourself now and how you see yourself in ten (10) years.**

A large, empty rectangular box with a thin black border, intended for the student to write their essay. The box occupies most of the page's vertical space.

Please submit the completed form along with **two letters of recommendation to the CCCMC Guidance Counselor's office by April 10, 2015**. No Applications will be accepted after April 10, 2015