

New Effington Alumni **SCHOLARSHIP APPLICATION**

Name: _____

Address: _____

Parents/Guardians Name: _____

Social Security Number: _____

This scholarship will be given on the basis of:

- Average or Above Average Academically
- Good Moral Character
- Ambitious and Goal Oriented
- **You must be registered in a college or vocational school**
- **You must have a parent or grandparent that graduated from New Effington High School and you and your family reside in Roberts County**
Parent and/or Grandparents Year of Graduation _____
- **You must submit your complete High School Transcript with this application**

The money will be issued in September when the recipient provides proof of enrollment.

What other scholarships have you applied for?

High School Academics:

Number of Students in Your Class _____ Your Rank in Class _____

ACT Composite Score _____ Percentile Rank _____

Please List All of Your Extra-Curricular Activities: _____

Personal Comments (Acceptance at what college, career goals, interests, etc.) _____

When completed, please return to your Guidance Counselor by April 10th.