

Scholarship Application

1. _____

Last Name	First Name	Middle Initial

Mailing Address _____	Email Address: _____	
Phone # _____	Alternate Phone # _____	

2. Please give the following information about your family:

Name of father or guardian: _____

Name of mother or guardian: _____

Father's occupation and place of employment _____

Mother's occupation and place of employment _____

Number of children in family _____ Their ages _____

Are any in college? _____ If yes, where? _____

List fraternal and service organizations to which your parents belong:

3. Financial status:

Is financial aid necessary in order for you to attend college? _____

If yes, explain briefly _____

4. Education plans:

Where do you plan to attend college? _____

If you plan on attending a community college, what college or university do you plan to attend after leaving community college? _____

What major are you thinking of choosing? _____

5. Extra-curricular activities: (include 9th grade). Attach an extra sheet if necessary.

Activity	Inclusive years	Office held or honors if any
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Community activities: Attach extra sheet if necessary.

Activity	Inclusive years	Office held or honors if any
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Special honors / scholarships not included in items 5 or 6, or recognition received at school or in the community.

8. Employment (where/when) _____

9. Colleges applied to _____

10. Tests taken _____

11. Attach a one page (not handwritten) letter explaining in your own words why you need a scholarship plus any pertinent facts you think might help a scholarship committee in making a decision.

12. Attach a letter of recommendation from a teacher, counselor, or an employer.
Also attach a letter from an adult friend.

13. Academic information: (This section to be filled out by school officials)

G.P.A. _____

Rank in Class _____

Number of days absent during first and second trimester

1st trimester _____ 2nd trimester _____

Student Certification:

I authorize the office of financial aid and placement to forward my completed application to donors who may be considering me for a scholarship. I understand that I must have a 2.75 G.P.A. to remain eligible for the scholarship. Should I fail to do so, I give up my right to the remaining scholarship fund, which will be put back into the principle of the Theisen Memorial Scholarship.

I agree to keep the donor organization informed of my academic progress and career plans.

Student _____ Date _____

Parent or Guardian _____ Date _____