EDUCATION SCHOLARSHIP APPLICATION
ASHLAND COUNTY RETIRED TEACHERS ASSOCIATION

Name in full _____
Last First Middle

Complete Address _____

Name of Parent/Guardian _____

Home Phone _____ Date_____ G.P.A._____ A.C.T Composite_____

List High School(s) Attended and years _____

What university/college do you plan to attend?_____

What course fo study will you pursue? _____

Have you applied for admission?_____ Have you been accepted?_____

Attached a complete transcript

Attach extracurricular activities you have participated

Approximately what percentage of your college expenses do you anticipate to earn?_____

What other scholarships/grants/loans will you receive?_____

_____

What is your rant in your graduating class?_____ How many students are in your class?_____

List 3 references and attach a recommendation from each

_____

_____

_____

Attach a paragraph,tell us your plans and your need for this schlolarship