EDUCATION SCHOLARSHIP APPLICATION
ASHLAND COUNTY RETIRED TEACHERS ASSOCIATION

NAME IN FULL _____
Last First Middle

PRESENT ADDRESS _____

NAME OF PARENT OR GUARDIAN
_____

DATE _____ G.P.A. _____ A.C.T. COMPOSITE _____

LAST HIGH SCHOOL(S) ATTENDED AND YEARS _____

1. What school do you plan to attend? _____
2. What course of study will you pursue? _____
3. Have you applied for admission? _____ Have you been accepted? _____
4. In what extracurricular activities have you participated? _____
   _____
5. Community Service _____
   _____
6. Approximately what percentage of your college expenses do you anticipate to earn? ____
   _____
7. What other scholarships/grants/loans will you receive? _____
   _____
8. What is your rank in your graduating class? How many students are in your class? _____
   _____
9. List 3 references and include a short note from each. _____
   _____
   _____
   _____
10. In a short paragraph, tell us your plans and your need for this scholarship. _____
    _____
    _____
    _____
    _____
    _____
    _____

January 2004