ABHS Student Activities Scholarship Application

Application Due Date: Friday, April 12, 2024

**Scholarship Criteria**

An applicant must

* Have earned a 2.8 GPA or better (Attach Transcripts)
* Be accepted to a college/university, technical school, or trade school (Attach Acceptance Letter)
* Be active in school and/or community extra-curricular activities
* Submit TWO letters of recommendation (one school-related, one non-school related)

**Student Information**:

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

 (First) (Middle) (Last)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (#) (Street) (City) (Zip)

To which school have you been accepted and intend on attending?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your anticipated major? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Information:** Please fill out the chart with the requested information.

|  |  |  |
| --- | --- | --- |
|  | Mother | Father |
| Name |  |  |
| Place of Employment |  |  |
| Position |  |  |
| Full-time or Part-time? |  |  |
| Work Phone # |  |  |

**Academic Information:** GPA: \_\_\_\_\_\_\_\_\_\_ ACT: \_\_\_\_\_\_\_\_\_\_ SAT: \_\_\_\_\_\_\_\_\_\_

**Please turn this form over →**

**Involvement Information and Personal Statement:**

Please type responses to each of the following prompts. Please use a standard, 12 point font; double space your answers. Attach your work to this information sheet.

1. Identify all clubs, groups, and other organizations in which you are involved (both in and out of school).

2. Identify all honors and awards you have received (both in and out of school).

3. Identify all Community Service you have completed. You may be asked for information regarding your supervisor to verify your participation.

4.Please explain why you should be considered for an ABHS scholarship.

Return this completed form (with attached typed responses) to the Counseling Office by Friday, April 12. No late applications will be accepted. Incomplete applications will not be eligible for scholarship consideration.

Please verify that all information presented in this application is accurate by signing below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date

-----------------------------------------------------------------------------------------------------------------------------------------

**For Office Use Only**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received By Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed By Date