## Hermleigh Parent-Booster Club Scholarship Application

Name:				
	Last		First	Middle
Date:			Date of Birth: _	
Age:	_ Sex: M	_ F	Social Security Nu	mber:
Address:				
				r
Parents' A	Address:			
Phone Nu	ımber:		_ Email Address:	
College or	r University	you p	lan to attend:	
Field you	plan to Maj	or in:		
Field you	plan to Min	or in:		
Briefly sta	ate why you	woul	d like to receive this	scholarship:
(This A	Application	is due	by April 17, 2017. I	Please return to Ms. Schafer).
Signed:			Date:	

## Questionnaire Seniors Hermleigh High School

Name	Date		
Address	ldressPhone Number		
After graduation d	o you plan to: (Indicate by checking one of the following)		
Enter collegeName of	f College		
	1st Choice		
	2nd Choice		
Possible Majors			
Have you taken the ACT	or SAT		
Rank in Class Grade P	oint Average		
Would you need financial h	nelp from other sources to make it possible to		
attend college? Yes N			
Are you interested in a loca	al scholarship?		
	Occupation		
Mother's Name	Occupation		
Number of brothers and sig	sters dependent on your parents		
	(Nursing, Cosmetology, Vocational, Tech)		
Name of School			
Go to business college	Name of School		
Take a full time job?	Type of job		
Enter the armed services?	Branch of Service		
Get married during the yea	ır?		
Undecided about the future	e?		
<del>-</del>	se list the major honors you have received in high ons you have been a member of and offices you ations.		