

# Charlo Community Assistance Scholarship Committee Application Form

Completion of this scholarship application will make you eligible for local business/individual scholarships that are voted on by a faculty committee. Please give a completed scholarship to the counselor.

Full Name:

Address:

Telephone:

Date of Birth:

Grade Point Average:

Class Rank:

Father's Name:

Occupation:

Mother's Name:

Occupation:

Guardian's Name:

Occupation:

Estimated Annual Family Income:

Please feel free to expand the following categories in order to include all information.

Honors in High School:

Activities in High School:

Out of school activities:

Employment (including summer or part-time):