

St. Augustine High School
General Scholarship Application

Class Rank _____

G. P. A. _____

SAT Scores _____

ACT Scores _____

Name of Scholarship _____

Applicant's Name _____ U.S. Citizen () Yes () No Resident Alien () Yes () No

Father's Name _____ Occupation _____ Yearly Income _____

Mother's Name _____ Occupation _____ Yearly Income _____

Guardian's Name _____ Occupation _____ Yearly Income _____

If Parents receive public funds, please specify amount(s): Retirement _____ Pension _____

Welfare _____ or AFDC Benefits _____ Other _____ Total all source income _____

Parent is member of American Legion () Yes () No, VFW () Yes () No, Veteran () Yes () No, Other Organization () Yes () No

Parent is a member of civic organization. Is so, list. _____

List all brothers and sisters dependent on parents, or guardian:

Name	Age	School or Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is Home Rented () Yes () No - Owned () Yes () No - Is Home Mortgaged () Yes () No If Mortgaged, show Monthly Payment _____

Name your College selections:

(1st Choice) _____ (2nd Choice) _____ (3rd Choice) _____

Major in College:

(1st Choice) _____ (2nd Choice) _____ (3rd Choice) _____

Are there any family members attending college? () Yes () No If yes, how many? _____

Are you a member of a Church Youth Organization? () Yes () No If Yes, what church? _____

Which Elementary School did you attend? _____

Past or current Semester average grade scores in: Math _____ Science _____ History _____ P.E. _____ Conduct _____ Class Attendance _____

Have you ever held a part time job? () Yes () No - If yes list dates and places:

List school club activities, community involvement, honors and awards received and (or) offices held:

(Optional) Indicate any other pertinent information concerning the financial assets and other obligations of your family that would be helpful to the Student Application Committee assessing your financial need for assistance requested.

Be prepared to provide a wallet sized photo immediately upon request.

Print Form

Please type in your name:

After you fill in and print out this form
please handsign your name on this line:

Applicant's Signature