

High School Senior Scholarship Application is to include:

1. Scholarship application deadline is March 1st.
2. Applicants for academic scholarships must have a minimum ACT/SAT of 20/1410 and minimum of 3.0 GPA on a scale of 4.0.
3. Include a letter of acceptance from a college or university.
4. Include a high school transcript including first semester of senior year.
5. Include a verification of ACT/SAT scores with application.
6. Include three letters of recommendation from either teachers, counselors, or coaches.
7. This application and documentation for items 3 – 6 should be returned to your local reconitioner by March 1.

Academic Year _____

1. Personal Information

Name: _____ Social Security Number _____

Last First Middle

Address: _____

Street City State Zip

Home Phone: _____ Birth Date: _____

Month/Day/Year

Members of your immediate family with whom you live:

2. Academic Information:

High School Attended: _____

ACT/SAT Score: _____ Month and Year taken: _____

College/University application(s) have been submitted to: _____

I have been accepted to the following college/University

3. Scholarship Information

Have you applied for or received any other scholarships? Yes _____ No _____

If Yes, please list:

4. Activities

List school related extracurricular activities or community service activities (i.e. clubs, sports, offices held, ect.)

List academic honors or other special awards you have received:

5. Financial Resources:

How do you plan to finance your college education?

6. Essay – to be printed on a single separate piece of 8.5 x 11 paper

Describe an experience that left you disillusioned.

7, Applicant Certification:

I hereby certify that the information provided in this application is true and correct. I have not knowingly withheld any facts or circumstances that could interfere with the truthfulness and/or accuracy of this application. I understand that this application will be available only to the Voigt R. Hodgson Memorial Scholarship Committee or selection review committee members. I waive the right to access letters of recommendation written on my behalf. If selected to receive the Voigt R. Hodgson Memorial Scholarship, I give the Committee permission to release my name for the press releases.

Applicant’s Signature (required) _____

Date _____

Month/Day/Year

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