

Seward Community Scholarship Application

Name _____

Mailing Address: _____

Phone Number: _____ Email: _____

Grade Point Average (%): _____ Rank in Class: _____

Test Scores: SAT: _____ ACT: _____

Schools Attended (Centers, etc.):

Work Experience:

Major or Vocational Choice: _____

Length of Time Expected to Complete the Program: _____

Projected First Year Costs (Tuition, Books / Supplies, Living Expenses): \$ _____

List of School(s) Applied to:

List Scholarship(s) Received:

College Payment Plan (Savings, Loans, Parents, Scholarships, Work, etc.):

List High School Classes and/or Experience that Helped in Making this Career Choice:



List High School Activities and Honors:

List Activities and/or Honors with Community and/or Church:

Has any family member been involved in the **American Legion Post 33**? Yes No

If yes, please list their name and relationship to you:

Have you participated in any activities sponsored by the **American Legion Post 33**? Yes No

If yes, please specify:

Future Plans:

Father's Name

Address

Occupation

Mother's Name

Address

Occupation

Name of Brothers/Sisters

Age

Grade Level

List Family Members Enrolled in
COLLEGE Credit Classes
