

# 9<sup>th</sup> – 11<sup>th</sup> GRADE STUDENT SCHOLARSHIP APPLICATION

**DEADLINE: FRIDAY, FEBRUARY 9<sup>th</sup> – 3:00PM**

**Submit your signed application to the SCCS Education Foundation**

**mailbox or mail to:**

Scholarship Committee  
SCCS Education Foundation  
410 W. Jefferson Street  
Sandusky, Ohio 44870



This form will be used for all scholarships.

## I. STUDENT BIOGRAPHICAL INFORMATION

Applicant Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parish Affiliation: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

Male or Female: M or F (circle one)

### FAMILY INFORMATION

Father       Stepfather       Guardian       Deceased

Full Name: \_\_\_\_\_

Home Address (if different from student): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mother       Stepmother       Guardian       Deceased

Full Name: \_\_\_\_\_

Home Address (if different from student): \_\_\_\_\_

Phone Number: \_\_\_\_\_

What county do you reside in? \_\_\_\_\_

Is a parent or grandparent a veteran or active military member? Yes  No

Have you participated in SCCS performing arts? Choir  Band  Musical

What is your future career of interest? \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize release of my child's transcript for the specific purpose of review for the SCCS Education Foundation Scholarship Selection process.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1 | 9<sup>th</sup> - 11<sup>th</sup> Grade

*Please make sure to fill out both sides of application.*

II. **STUDENT ACTIVITIES AND HONORS:** Please list up to 10 activities/awards in each of the following categories that apply since you were in the 9<sup>th</sup> grade. (\*Indicate leadership position, if it applies, by checking the last column). DO NOT attach a separate student resume.

III.

**School Activities**

**Year**

	9	10	11	*

**Sports**

**Year**

	9	10	11	*

**Church Activities**

**Year**

	9	10	11	*

**Community Activities**

**Year**

	9	10	11	*

**Awards and Honors**

	9	10	11	*

**IV. WORK EXPERIENCE**

Please check which years you have held summer and/or school year employment.

<u>YEAR</u>	<u>SUMMER</u>	<u>SCHOOL YEAR</u>
<b>2017</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2016</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2015</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2014</b>	<input type="checkbox"/>	<input type="checkbox"/>

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If you have questions or need assistance, please call 419-626-1892 ext. 246.

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