

# Albino Webber Scholarship

## STUDENT APPLICATION FORM

**\*\*\* IMPORTANT\*\*\***

***All references are to be mailed or directly delivered to the guidance counselor.***

Date of Application: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

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

Age: \_\_\_\_\_ Phone: \_\_\_\_\_ Grade Point Average (GPA): \_\_\_\_\_

In what extra curricular activities did you participate: (Include both in-school and volunteer activities outside of school):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you work during the school year? \_\_\_\_\_ If yes, how many hours/week? \_\_\_\_\_

Name of College or University you plan to attend: \_\_\_\_\_

Have you applied for Admission? \_\_\_\_\_ Have you been accepted? \_\_\_\_\_

Intended field of study: \_\_\_\_\_

## SELECTION CRITERIA

**Awarded to a student living in Hematite Township for any course of study.**

1. The student must attach a Personal Statement, which includes their comments on how their field of study relates to this Scholarship.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT APPLICATION FORM**

Name of parent or guardian completing this form: \_\_\_\_\_

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

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

Do you have dependants other then your own family or other extenuating circumstances that should be considered? If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note below any statements you may wish to make which will assist the Albino Webber Scholarship Selection Committee in consideration of the applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above statements are correct.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE OF INFORMATION**

I hereby certify that any information needed regarding my scholarship requirements be made available to the Albino Webber Scholarship Selection Committee.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_