APPLICATION FOR SOLEDAD COMMUNITY SCHOLARSHIPS

NOTE:
- All information you provide on this form will be released to organization scholarship committees.
- The information on this form must be TYPED.

PERSONAL:

Name_____   _____   _____
                       (Last)   (First)   (Initial)

Address: _____ City_____

Are you living at home?_____ Date of Birth:_____ Marital Status:_____

FAMILY:

Father's Name_____ ( ) Alive ( ) Deceased

Name of Father's Employer:_____

Position Held:_____

Mother's Name_____ ( ) Alive ( ) Deceased

Name of Mother's Employer:_____

Position Held:_____

EDUCATION:

Graduate of which middle school:_____

Previous high schools attended:_____

FUTURE PLANS:

School you plan to attend:_____ Major Field of Study:_____

Desired Career:_____

FINANCIAL INFORMATION:

Father's Income:_____ Mother's Income:_____ Other Income:_____
                                                                      (Social Security, unemployment, AFDC, etc.)

TOTAL INCOME:_____

REFERENCES: (List the names of the 3 persons writing letters of recommendation)

1._____   2._____   3._____

I (do) (do not) give permission for the committees to review my application, essay, letters and transcript.

Signature: _____ Date:_____