## SIUSLAW HIGH SCHOOL SCHOLARSHIP APPLICATION

Specific Scholarship:						
Legal Name:						
Last	First					
Address:						
Phone Number: ()						
Date of Birth://	<del></del>					
Parent / Guardian Name:						
Address:						
Cumulative G.P.A.:	mulative G.P.A.:/ Class Rank:/					
SAT: Verbal:	_ Math: Writing:					
ACT Composite Score:	-					
Number of Siblings & Ages:						
Other Dependents in Family:						
WOULD MAKE IT DIFFICULT FO	L FAMILY CIRCUMSTANCES THAT OR YOUR FAMILY TO HELP YOU EGE. PLEASE ATTACH ANOTHER					

POST- INCLU LIST Y	SECONDA DE WHER OUR MAJ	E PROVIDEI ARY EDUCA E YOU PLA OR OR PRO HIS INSTITI	ATIONAL N TO PU OGRAM C	PLANS AN RSUE YOU F STUDY.	D GOALS. JR EDUCA	PLEASE TION AND	
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**	Please atta	ch a resum	e and tra	nscript to	this applic	ation!!!!!*	*
I certify	y that state	ments in this	s applicati	on are corr	ect to the b	est of my	
knowle	edge and I	give consen	t to Siusla	w High Sch	nool to rele	ase the	
transci	ripts of				(Stud	dent's Nam	ıe).
Signat	ure:				_ Date:		
_		t's signature					

## FINANCIAL STATEMENT

Applicant's Budget:	
Part A – Income:	
1. savings for college:	\$
2. family contribution per year:	\$
3. other scholarships and financial aid awarded:	\$
Part A Total (1-3):	\$
Part B – Expenditures:	
1. tuition per year:	\$
2. books and fees per year:	\$
3. room and board per year:	\$
4. transportation per year:	\$
5. other expenses:	\$
(clothing, recreation, incidentals)	
Part B Total (1-5):	\$
TOTAL ESTIMATED FINANCIAL NEED FOR 2012-	-2013:
Total (Part B – Part A):	\$