

GENERAL SCHOLARSHIP APPLICATION

Scholarship Name |

Student Informa	ition:							
Name								
Social Security # (last 4 digits) XXX-XX-			College Student ID#					
Address			City/ZIP					
Cell Phone			Alt. Phone					
Email (personal, N	OT school ema	ail)						
Name of Parent	s/Guardians							
High School Atte		NCHS	SHS	THS	UHS	HS Gra	duating	Year
Oth	er							
Cumulative GPA	1							
SAT Score			SAT c	out of: 2400		1600		
ACT Score				(taken BEFOF March 2016		(taken AFTER March 2016)		
University, Colleg	ge or Vo-tech	I						
Address								
College/Univer	sity Com	nmunity coll	ege	Vo-tech		Accredited: Ye	es	No
Enrolled: F	full-Time	На	alf-Time or r	nore		Less than Half	-Time	
Upcoming schoo	I year: Freshm	nan So	phomore	Junior		Senior	Fifth-ye	ear Senior
Study Major								
Study Minor								
In submitting this knowledge. Falsif								the best of my
Applicant	's Signature _							
Parent/G	uardian Signat	ure(not req	uired if eman	cipated or nor	n-tradit	ional student)		

Henry County Community Foundation * P.O. Box 6006 New Castle, IN 47362 765.529.2235* www.henrycountycf.org





Describe your work and/or volunteer experience during the past four years. If you have not been employed, how have you spent your school vacation time?						
Include: place of employment, position, length of employment and hours worked per week						
List all extra-curricular school and community activities that you have participated in during the past four						
years. Include: activity name, Length of participation, awards or honors						
Please write a paragraph describing your goals and why you want to attend college. (Additional pages may be used.)						



General Scholarship: Financial Assistance Questionnaire

Income, expense, and asset date for the last calendar year. Please have your parents fill in the following section.

Student's financial information may be used if student is emancipated or non-traditional.

A completed tax return - IRS Form 1040 date 4/15 this year. Information from:

Estimates based on current information to be filled this year. Parent Self

Adjusted gross income \$	Student savings and 529 \$					
Total U.S. income tax paid \$	Other grants/scholarships \$ already awarded to the student					
Income earned by father \$	College tuition <u>per</u> \$ <u>semester</u> (tuition only)					
Income earned by mother \$						
Income earned by student \$						
Income earned by spouse \$	21st Century Scholar? Yes No					
Other income (SSI, TANF) \$	Expected 21st Century \$					
Have you completed the FAFSA? Yes No	FAFSA Estimated Family Contribution? \$					
Parent/self marital status: Single Married Separated Divorced Widowed						
Total number of family members who will be attending a post-secondary school at least ½ time during the next school year, including applicant:						
Ages of siblings or children:						
Please report any unusual family or personal circumstar	nces that you feel warrant attention:					

Parent or student signature: ____