**NHS Blood Drive Scholarship Application Form**

**Eldon High School Guidance Office**

**101 South Pine Street**

**Eldon, MO, 65026**

**573-392-8010**

**Name Address\_ Home Phone No. Cell Phone No. College Choice Estimated College Tuition/Room Board Cost per year College Major Career Goals G.P.A. \_/4.00 ACT Score**

**Rank. /**

**Parent(s)/Guardian(s) Name(s) Parent’s Occupation**

**No. of Children in family Ages\_ No. of Children in higher education (including yourself) Academic Honors and Awards:**

**Extracurricular Activities:**

**Community and Other Activities:**

**Work Experience**

**Describe a person or a personal experience which you feel has influenced your character devel- opment. (300 words)**

**Signature Date**

**Please return your completed application to the High School Guidance Office by April 3, 2018 . Late applications will NOT be accepted.**