Eldon High School Scholarship Application Form

Eldon Area Chamber of Commerce

Name_____

Address_____

Phone No._____

Parent(s)/Guardian(s) Name(s)_____

Parent's Occupation_____

_____

No. of Children in family_____Ages_____

No. of Children in higher education (including yourself)_____

College Choice_____

Estimated College Tuition/Room Board Cost _____per year

College Major _____

G.P.A._____/4.00 ACT Score_____

Rank _____/_____ Do you qualify for A+ funding? _____

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 development. (300 words)

Signature Date