



2024 Blaize Madrid-Evans Memorial Scholarship

(Completed application must be returned to SHS Counseling Center by April 12, 2024)

Date: _____

School District: _____

About the Applicant

Full name of applicant: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Date and place of birth: _____

Were you born in the United States?

YES

NO

If NO, what proof of United States citizenship is included with this application?

Family Information

Father/Guardian's Name: _____ Age: _____

Living? YES NO

Occupation: _____

Place of Employment: _____

Daytime Phone Number: () _____

Mother/Guardian's Name: _____ Age: _____

Living? YES NO

Occupation: _____

Place of Employment: _____

Daytime Phone Number: () _____

Academic Information

Name of High School: _____

Address: _____

City: _____ State: _____ Zip: _____

Anticipated date of graduation: _____

Number in graduating class: _____ Your class rank: _____

Your GPA as of the end of first semester of your senior year: _____

Does your high school use a weighted grading system for advanced classes? YES NO

Were you in advanced classes? YES NO

If YES, please list these courses: _____

What is your ACT score? (if applicable) _____ Date taken: _____

What is your SAT score? (if applicable) _____ Date taken: _____

No application will be considered without an ACT or SAT score.

Activities, Honors, Awards

Curricular

In the space below, list offices held or awards received in high school. If a repetitive award or recognition, please indicate years achieved. (For example, National Honor Society – 1, 2, 3, 4.)

Extracurricular Activities

In the space below, please outline other clubs or activities in which you have participated, indicating any awards, recognition or offices held in conjunction with them.

Community Activities

In the space below, please outline any other activities in which you have participated, indicating any special recognition you have received. (For example, community services projects or religious activities)

Financial Need

What percentage of a semester’s total expenses can you anticipate receiving from your parents, relatives or other sources per semester? _____

Please circle the amount that best describes your family’s annual gross income:

Less than \$10,000	\$35,001 to \$40,000	\$65,001 to \$70,000
\$10,001 to \$15,000	\$40,001 to \$45,000	\$70,001 to \$75,000
\$15,001 to \$20,000	\$45,001 to \$50,000	\$75,001 to \$80,000
\$20,001 to \$25,000	\$50,001 to \$55,000	\$80,001 to \$85,000
\$25,001 to \$30,000	\$55,001 to \$60,000	\$85,001 to \$90,000
\$30,001 to \$35,000	\$60,001 to \$65,000	\$90,001 to \$100,000
		\$100,001 or above

Work Information

Please indicate any previous work history you may have, including jobs you have held throughout high school. Please also explain why you are working.

Please complete the following information (if known):

Name of College/ University in which you plan to or are enrolled	Estimated tuition/ fees per semester	Estimated Room/ Board per semester	Have you been accepted? Yes/No

What is your intended major? _____

What is your planned career? _____

Check the applicable blank:

I live at home with two adults. I live in a single parent household.

Other (please explain if you live with a guardian, grandparent or have other arrangements)

Number of children in household: _____

Number and ages of siblings who reside at home with you: _____

Number of siblings who will attend collage at the same time as you: _____

What have you done to contribute to your future education?

Scholarship, Grant, Loan Information

Are you applying for scholarships, grants or loans? YES NO

If YES, please list names, amounts, type of assistance (scholarship, grant, loan) and status of requested financial assistance (pending, confirmed or rejected). You may attach an additional sheet if necessary.

Name of Requested Assistance	Type of Assistance	Amount	Status

Please explain any specific reasons why you need financial assistance to attend college/university.
