

MARK A. CHAPMAN FOUNDATION SCHOLARSHIP APPLICATION

Full Name _____

Address _____
 Street City State Zip

Mailing Address _____

Phone No. _____ Street _____ City _____ State _____ Zip _____

Grade Average* _____ Class Rank* _____ (*filled out by counselor)

SAT**: Verbal _____ Math _____ ACT**: _____

DO NOT ATTACH ADDITIONAL SHEETS

List your five most significant honors and organizations while in high school

1. _____
2. _____
3. _____
4. _____
5. _____

List your five most significant community service activities (list organizations and describe your involvement/responsibilities)

1. _____
2. _____
3. _____
4. _____
5. _____

My academic college plans are to major in _____

Have you applied to and been accepted into a college? _____

What college will you be attending? _____

Ultimate career goals include _____

CURRENT AND/OR PREVIOUS EMPLOYERS

Employer

Duties

Dates Employed

PERSONAL/FAMILY

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

No. of dependent children in family (include yourself) _____ Ages _____

No. of dependent children in family attending college at this time (include yourself) _____

Please indicate why receiving this scholarship is important for you to attend college and if you will be able to help with the expenses.

Applicant's Signature _____

Date _____

Signature of Counselor or Principal: _____ Date: _____