

CAMPBELLSPORT AREA JAYCEES
P.O. BOX 828
CAMPBELLSPORT, WI 53010
SCHOLARSHIP APPLICATION
PERSONAL INFORMATION

Name: _____ Sex: _____

Date of Birth: _____ Age: _____

Home Address: _____

Telephone Number: _____

Current Grade Point Average (GPA): _____

Employer: _____

FAMILY INFORMATION

Father's Name: _____

Home Address: _____

Employer: _____ Occupation: _____

Mother's Name: _____

Home Address: _____

Employer: _____ Occupation: _____

Are you residing with one or both of your parents? _____

If not, with whom do you reside? _____

COLLEGE

Name of the college you plan on attending: _____

City: _____ State: _____

Number of Semesters: _____

Have you declared your major? _____ No _____ Yes

If yes, what is your major? _____

HONORS AND AWARDS-School and non-school related (athletics, scholastics, civics, etc.).

Attach another sheet if necessary.

Activity

Type of Honor

Year

Organizations-List offices or positions held for both school and non-school related organizations. Attach another sheet if necessary.

ESSAY-I should be considered for a scholarship for the following reason(s):

In addition to the completed application, the following **MUST** also be submitted:

1. Two letters of recommendation from people other than friends or relatives.

Your completed application and letters of recommendation should be given to your guidance counselor.

Application is due: April 5 at noon in the counseling office.

Signature of Applicant _____ Date _____