

DO NOT WRITE IN THIS BOX, FOR OFFICE USE ONLY

Class Rank: _____ GPA: _____

CONFIDENTIAL

Heights Community Scholarship Application (Official)

This Official Application must be typed. Complete all requested information. The signatures must be handwritten. If your signature, your parent/guardian signature, and/or annual gross income are omitted, the application will not be considered. ***Do not submit this application electronically,*** bring it to Ms. Blockson in the College/Scholarship Zone, room 132.

STUDENT'S NAME (first name, last name) _____ Male _____ Female _____

HOME ADDRESS(w/city, state, zip code) _____

STUDENT'S CELL # _____ HOME PHONE # _____

STUDENT'S EMAIL (not your school email) _____

FAMILY INFORMATION

List ONLY the parent(s) who you live with. Explain your family/living situation on page 5, question #4

PARENT 1		PARENT 2	
NAME _____	NAME _____	NAME _____	NAME _____
Living: ___yes ___no	Living: ___yes ___no	Living: ___yes ___no	Living: ___yes ___no
OCCUPATION _____	OCCUPATION _____	OCCUPATION _____	OCCUPATION _____
EMPLOYER _____	EMPLOYER _____	EMPLOYER _____	EMPLOYER _____
Parent 1's ANNUAL GROSS INCOME _____	Parent 2's ANNUAL GROSS INCOME _____	Parent 2's ANNUAL GROSS INCOME _____	Parent 2's ANNUAL GROSS INCOME _____
Student's # OF BROTHERS AND SISTERS _____			
AGE/SCHOOL _____	AGE/SCHOOL _____	AGE/SCHOOL _____	AGE/SCHOOL _____
AGE/SCHOOL _____	AGE/SCHOOL _____	AGE/SCHOOL _____	AGE/SCHOOL _____
AGE/SCHOOL _____	AGE/SCHOOL _____	AGE/SCHOOL _____	AGE/SCHOOL _____

Amount of money you can expect to receive from your parent(s)/guardian(s) for your first year of post-high school education \$ _____

Amount of money you have saved for post-high school education \$ _____

Type your name (first name, last name)

SCHOOL INFORMATION Names of schools you have attended

	Name	City	Dates
Middle School			
High School	<i>If different than Heights High</i>		

How many years have you been a student at Cleveland Heights High School (include this year) _____

Was your parent(s) an active member of PTA? _____

If so, what school(s), year (s), and in what capacity did they serve? _____

Additional PTA space is provided on the next page.

LIST ALL SENIOR YEAR COURSES:

First Semester:

Second Semester:

HIGH SCHOOL ACTIVITIES: List all activities in which you have participated during high school. Include publications, clubs, teams, musical groups, etc. Include awards and leadership positions. Additional activities may be listed on the next page.

Activity	9	10	11	12	Hrs. /week	Awards/Leadership Positions

NAME _____

Please type your name (first name, last name)

Have you been on the Cleveland Heights High basketball team? _____ If so, how many years? _____

COMMUNITY ACTIVITIES: List all activities in which you have participated and note any major accomplishments in each; these should be outside of school and include work for the betterment of the community. For example: religious groups, clubs sponsored outside of school, Boy/Girl Scouts, volunteer groups, community art endeavors, etc. Additional activities may be listed below.

Activity	9	10	11	12	Hrs. /week	Awards/Leadership Positions

FOR PARENT(S) ADDITIONAL PTA INFORMATION

ADDITIONAL HIGH SCHOOL ACTIVITIES

ADDITIONAL COMMUNITY ACTIVITIES

Please type your name (first name, last name)

3. If you had the opportunity to re-do something about yourself in the last 3 to 4 years of your life, what would it be?
4. Type below any unusual circumstances which might be helpful in evaluating your application for scholarships. You may explain family finance issues, death, divorce, any physical disabling conditions, unique home situations, poor grades, etc. Or, you may include any additional information you feel that will be helpful in evaluating your application. **If needed, you may add an additional page.**

This application will be reviewed by a Scholarship Committee and will be kept **confidential** within the committee.

Please be reminded that if your signature, the parent/guardian signature and/or annual gross income are omitted, this application will not be considered. The signatures must be handwritten.

Student's signature _____

Parent's/Guardian's signature _____

Note to parent: please review your child's application for content, clarity, and neatness.

Do not submit this application electronically

Student, bring this completed application to Ms. Blockson in the College/Scholarship Zone, rm 132.

Official Application Deadline: Monday, January 14, 2019, no later than 4:00 PM