

Students, DO NOT write your rank or GPA in this box. For Office Use ONLY.

Class Rank: \_\_\_\_\_ GPA: \_\_\_\_\_

# CONFIDENTIAL

## *Heights Community Scholarship Application (Official)*

Type all requested information. This application is required for your participation in the CHUH community scholarship program. It will be reviewed and kept confidential by the Scholarship Committee. **Submit this application electronically to Ms. Rozier at S\_Rozier@chuh.org no later than Monday, January 31, 2022.**

STUDENT'S NAME \_\_\_\_\_ Preferred Pronoun \_\_\_\_\_  
*first & last name*

HOME ADDRESS \_\_\_\_\_  
*w/city and zipcode*

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/GUARDIAN 1		PARENT/GUARDIAN 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 _____
Father's ANNUAL GROSS INCOME _____	Mother's ANNUAL GROSS INCOME _____	Mother's ANNUAL GROSS INCOME _____	Mother'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 \$ \_\_\_\_\_

**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 *(including this year)* \_\_\_\_\_

Was your parent(s)/guardian(s) an active member of the PTA? \_\_\_\_\_

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

Additional PTA information may be listed on page 3 or on an additional sheet of paper.

**LIST ALL SENIOR YEAR COURSES:**

First Semester:

Second Semester:

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**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 below or on an additional sheet of paper.

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

**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 or on an additional sheet of paper.

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

**PARENT/GUARDIAN ADDITIONAL PTA INFORMATION:**

**ADDITIONAL HIGH SCHOOL ACTIVITIES:**

**ADDITIONAL COMMUNITY ACTIVITIES:**



3. As you think of the last 3 or 4 years of your high school life, many of your experiences have been interesting and meaningful. Please share the experience that has meant the most to you and the reason why.

4. Type any unusual circumstances which might be helpful in evaluating your application for scholarships. These might include family finance issues, death, divorce, physical disability, unique home situations, poor grades, etc. Or, you may include any additional information you feel will be helpful in evaluating your application.

**Please make note of the following**

- Many of the scholarship committees require The Official Heights Community Application to be included in their selection process, so review your responses.
- If your signature, the parent/guardian signature, and/or annual gross income are omitted, this application will not be considered.
- It will be reviewed by the Scholarship Committee and kept confidential.

Student's signature \_\_\_\_\_

Parent's/Guardian's signature \_\_\_\_\_

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

**Submit the application to [S\\_Rozier@chuh.org](mailto:S_Rozier@chuh.org) no later than Monday, January 31, 2022, 11:59 PM.**