

This Scholarship's Application due date is April 15<sup>th</sup>.

Date:

## **PART 1—GENERAL INFORMATION**

Name:

Address:							
City, State ZIP:							
Mother/Guardian:		Occupation:					
Father/Guardian:			Occupation:				
Total numbe	r of family memb	pers living at he	ome:				
Sibling Name		Age	Sibling Name	Age			
Number of family members, including yourself, who will be attending college next year:							
			Litera ONTO con in O				
Have you or your parents/guardians ever subscribed to an SMTC service?:							
If so, which service	s and when?:						
PART 2—ACADEMIC INFORMATION							
FART 2—ACADEIVIIC INFORIVIATION							
Your High School G.P.A. after the junior year:							
Toda Trigit Control on the actor the junior your.							
The classes you've	taken your seni	or year:					

## PART 3—POST SECONDARY PLANS

FART 3—FUST	SECONDART PLA	<u> 13</u>					
Name of Post Secondary Institution:							
	Addres						
	City, State Zip Cod	le:					
	ded course of stud						
What are your expected education expenses for next year?							
Tuition Room &		= :	List Other				
Expenses:	Board	d:	Expenses:				
PART 4—FINANCIAL INFORMATION							
Check your fam	Check your family's adjusted gross income from the most recent Federal Income Tax Return:						
Below \$2	25,000	\$35,000 to \$45,0	000	\$55,000 to \$65,000			
\$25,000 t	\$25,000 to \$35,000		000	Above \$65,000			
Other financial	considerations whi	ch need to be noted	d:				
PART 5—PLEASE LIST THREE PEOPLE WHO KNOW YOU WELL AND COULD BE CONTACTED AS A REFERENCE FOR YOU.							
Name	Addr	Address		City, State Zip			
- Italiio	71441	Addiess		Oity, State Lip			
1							
2							
3							
PART 6—RELEASE OF INFORMATION  I give permission for Webster City High School to release my grades and records.							
Student Signature:							