

# ORAN ALUMNI SCHOLARSHIP APPLICATION

Complete Section I and return to School Counselor by April 3.

## SECTION 1: APPLICATION INFORMATION

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

WHAT ARE YOUR CAREER PLANS? \_\_\_\_\_

WHAT SCHOOL DO YOU PLAN ON ATTENDING? \_\_\_\_\_

HAVE YOU BEEN ACCEPTED FOR ADMISSION? YES NO

DID YOU FOLLOW THE COLLEGE BOUND CURRICULUM? YES NO

LIST ALL HIGH SCHOOL EXTRA CURRICULAR ACTIVITIES, AWARDS RECEIVED, OFFICES HELD, COMMUNITY INVOLVEMENT, ETC. (USE BACK OF SHEET IF NEEDED)

\_\_\_\_\_  
\_\_\_\_\_

IF YOU WORK, LIST EMPLOYER \_\_\_\_\_ HRS/WEEK \_\_\_\_\_

DO YOU PLAN TO WORK PART-TIME WHILE IN COLLEGE? YES NO

ARE YOU RECEIVING OTHER SCHOLARSHIPS? YES NO

PLEASE LIST THEM \_\_\_\_\_

IF THERE ARE ANY SPECIAL FAMILY CIRCUMSTANCES YOU FEEL SHOULD BE CONSIDERED, PLEASE EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## SECTION II: SCHOOL CERTIFICATION

The above applicant ranks: \_\_\_\_\_ in a class of: \_\_\_\_\_, with a grade point average of: \_\_\_\_\_, and has achieved an ACT Composite Score of: \_\_\_\_\_.

\_\_\_\_\_  
COUNSELOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_