Application for a $1,000 scholarship for Boone County High School Seniors

continuing their education in an automotive related field of study.

(Previous recipients may reapply for scholarship renewal)

**Personal Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | Social Security Number |       |
| Address |       | CountyZip |       |
| City |       | State |       |       |
| Date of Birth |       | Phone |       |  |

**School Enrolled for Continuing Automotive Training:**

|  |  |
| --- | --- |
| Name of School |  |
| Address |  | Phone |       |
| City |  | State |  | Zip |  |
| Major: | **[ ]**  Automotive Technology [ ]  Auto Body [ ] Other (specify)       |

**High School(s) Attended:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of School Attended/Graduated |       | Dates |       |
| Address |       | City |       | State |    | Zip |       |
| Name of School Attended/Graduated |       | Dates |       |
| Address |       | City |       | State |    | Zip |       |

**Additional Information:**

|  |  |
| --- | --- |
| What sources of financial aid have you applied for? |       |

List three people we may contact as references. They should be able to discuss your scholastic ability, work habits, attitude and character (they should NOT be close personal friends or relatives):

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Name |       | Phone |       |
|  Email |       |
| 2. Name |       | Phone |       |
|  Email |       |
| 3. Name |       | Phone |       |
|  Email |       |

**Personal Goal Statement:** Submit a statement relative to your educational and vocational goals. You might include what your plans and aspirations are for the future and what values you consider important to your development. Please attach additional pages if needed.

|  |
| --- |
|       |

Please list below all high school and community activities and organizations in which you have participated, including offices held, special committee assignments, honors achieved and awards granted. Indicate length of membership of term(s) of service. Please attach additional pages if needed.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. |       | 4. |       |
| 2. |       | 5. |       |
| 3. |       | 6. |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Signature of Applicant |  |  |  |  |  | Date |  |

TO BE COMPLETED BY THE HIGH SCHOOL COUNSELOR OR PRINCIPAL, OR AN OFFICIAL HIGH SCHOOL TRANSCRIPT MUST ACCOMPANY THIS APPLICATION.

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Graduation |       | High School Rank |       |
| ACT/SAT Score (If Available) |       | Grade Point Average |       |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Signature of High School Principal or Counselor |  | Date |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Title |       | Office Phone Number |       |