

CASS COUNTY RETIRED TEACHERS SCHOLARSHIP APPLICATION

(PLEASE TYPE OR PRINT-INK ONLY)

NAME _____

ADDRESS _____

PHONE _____ E-MAIL ADDRESS _____

NAME OF HIGH SCHOOL YOU'LL GRADUATE FROM _____

HOW MANY ARE IN YOUR GRADUATING CLASS _____ YOUR CLASS RANKING _____

GRADE POINT AVERAGE ON A FOUR POINT SCALE _____ ACT/SAT SCORE _____

PARENTS OR GUARDIAN'S NAMES _____

FATHER'S OCCUPATION _____ MOTHER'S OCCUPATION _____

NUMBER OF SIBLINGS: OLDER THAN YOU _____ YOUNGER THAN YOU _____

NUMBER OF SIBLINGS CURRENTLY IN COLLEGE _____

WHAT COLLEGE OR UNIVERSITY DO YOU PLAN TO ATTEND _____

WHAT COURSE OF STUDY DO YOU PLAN TO MAJOR _____

ATTACH TRANSCRIPT:

VERIFICATION SIGNATURE BY COUNSELOR OR PRINCIPAL

ON ATTACHED PAGE:

EXTRA-CURRICULAR ACTIVITIES AND WORK EXPERIENCE

CAREER OBJECTIVES