HHS LOCAL SCHOLARSHIP APPLICATION – 2022

A copy of your transcript will be included with this application.

Type or print all information – DO <u>NOT</u> ATTACH ADDITIONAL PAGES

Deadline: Friday, February 18, 2022

FUR	FOR OFFICE USE UNLY				
AVG.	RANK				

NAME
INDICATE WITH WHOM YOU LIVE (i.e. one parent, both parents, guardian, etc.)
NAMES AND AGES OF BROTHERS/SISTERS
LIST THE COLLEGES TO WHICH YOU HAVE APPLIED (*Please circle the one you plan to attend)
INTENDED MAJOR/CAREER PLANS
COMMUNITY SERVICE/VOLUNTEER WORK
WORK EXPERIENCE
WORK EXPERIENCE
SCHOOL ACTIVITIES & SPORTS IN WHICH YOU HAVE PARTICIPATED/ LEADERSHIP POSITION(S) HELD
AWARDS/NOMINATIONS
PLEASE EXPLAIN YOUR/FAMILY FINANCIAL NEED (Some organizations look to award scholarships to students who exhibit financial
need. Examples may include: qualifying for free/reduced lunch, single parent household, loss of parent income, multiple siblings attending college, etc.)

You MUST complete the following in order to be considered for a scholarship

On the reverse side of this application, **please write a brief essay** that would aid in your consideration for a scholarship.

Be sure to include information regarding your interests, ambitions, aspirations, or family obligations. Write a minimum of 200 words, and no more than one page. Do **NOT** attach additional pages

DEADLINE February 18, 2022 (return to Counseling Center)

NO LATE APPLICATIONS ACCEPTED

teturn to Counselin	g Center by <u>February 18</u>	<u>· 2022</u> - <u>DO NOT</u> atta	cn additional pages o	r write outside border