Evansville Vanderburgh School Corporation Application for Scholarships



Return completed application to school counselor by deadline.

1.	Name:	Birth date:										
2.	School:	Social Security Number:										
3.	Permanent Address:	Zip:										
4.	Parent/Guardian's Name(s):											
5.	Parent/Guardian Address:	Zip:										
6.	Student Phone:	Parent/Guardian Phone:										
7.	Are parents separated? Yes	No Divorced? Yes No										
8.	Is father living? Yes No Oc Company	cupation of father or male guardian: Position/Title:										
9.	Is mother living: Yes No O	ccupation of mother or female guardian:										
	Company	Position/Title:										
	. Please explain, briefly, any special famil ecial housing problems, loss of employme	y circumstances the committee should be aware or ent, etc.):	f (divorce, famil	y illness								
11.	. Name of college you plan to attend:	College Address:										
12.	. Major course of study and/or career go	al:										
13.	13. List community/church activities. List any honors/awards received in community/church:											
	Community / Church Activities	Community / Church Honors or Awards	# of Years									

Community / Church Activities	Community / Church Honors or Awards	# of Years

Activity	Office	s Held	ŀ	lonors/Awar	rds	# of Years	
15. List your employment e			at least eigh			egin with the m	
Type of Employ	Type of Employment		or Employme		Dutes of Employment		
unusual circumstances that							
		,					
Parent / Guardian Signature		Date		Student Signati	ure		Date
*Please attach a copy of the *Please attach a copy of the *Return completed applica application.	Student Aid Report tion to your school	(FAFSA). If no form counselor and requ	n is attached, the				

14. List school extracurricular activities, offices held, honors/awards received. (Attach supplementary sheet if necessary)