

North Boone Community School District #200 Scholarship Program

STUDENT DATA FORM

Name of Scholarship:

Student's Full Name:

Street Address:

City, State, Zip:

Phone:

Birth Date:

Parent/Guardian Name:

Parent/Guardian Address & Telephone:

Father/Guardian Occupation & Employer:

Mother/Guardian Occupation & Employer:

Siblings (name, age & school attending):

Class Rank:

GPA:

ACT/SAT SCORE:

School related activities and offices held (include years of participation):

Community and church activities and offices held:

Past and present work experience (include length of time & job held):

Choice of school and address:

Applied Yes No

Accepted: Yes No

Major interest of study:

Date:

Signature of Applicant: