

Middletown Elks Ladies Auxiliary

Scholarship Application

My relationship to an Auxiliary member is _____.

Awards are made based upon a reasonable assessment of college potential, scholastic ability and enthusiasm for learning, as determined solely from the information provided within the application page, essay and letter of recommendation.

Financial need is **not** a consideration in the selection of awards. Your counselor's signature below will certify the G.P.A. and test scores submitted on the application are correct.

APPLICATION DATA

Name: _____ Home phone #: _____

Address: _____
Street City State Zip

Birth Date: ____/____/____ Sex: Male____ Female____

High School: _____

Address: _____

G.P.A.: _____ (Unweighted G.P.A should be based on 4.0 scale)

Weighted G.P.A.: _____ (For AP or IB classes, if applicable)

ACT Scores: English _____ Math _____ SAT Scores: Verbal _____ Math _____

POST SECONDARY SCHOOL DATA

Name of post-secondary school you plan to attend. (If unknown please list in order of preference the schools to which you have applied)
Use official school names. Do not use abbreviations

_____ City _____ State: _____

_____ City _____ State: _____

4-year College or University

2-year Community or Junior College

Year in school next year:

Vocational –Technical School

Other, explain: _____

1 Other

explain: _____

Major or course of study: _____ Expected college graduation Month &Year: _____

Degree sought : Bachelor Associate Certificate Other

PARENT OR GUARDIAN INFORMATION

Last Name: _____ First: _____ Middle _____
(if different from above)

Address: _____

Relationship to Applicant: _____ Day Telephone: _____

E-mail Address: _____

CERTIFICATION

I certify that I personally composed the attached essay and all the information on this application

Student's Signature: _____ Date: _____

I Certify that my child meets the eligibility requirements for this Scholarship.

Parent's/Guardian's Signature: _____ Date: _____

I certify that the student's G.P.A. and test scores shown above are correct.

Counselor's Signature: _____ Date: _____