



**Monte Moses Scholarship Application**

**Application Deadline February 2, 2018 (4:00 pm)**

The information you provide on this application will be used by the Monte Moses Scholarship Committee only in connection with your application and will be strictly confidential.

**PLEASE PRINT CLEARLY**

NAME \_\_\_\_\_  
*Last First Middle*

ADDRESS \_\_\_\_\_  
*Number Street City State Zip Code*

PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_ EMAIL \_\_\_\_\_

BIRTHDATE \_\_\_\_\_  
*Day Month Year*

Father: Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Mother: Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Guardian (if applicable): Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Your High School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX \_\_\_\_\_

Your Counselor's Name \_\_\_\_\_

GPA: \_\_\_\_\_ Please Check One: Weighted \_\_\_\_\_ Non-weighted \_\_\_\_\_

The information below will be reviewed by the scholarship committee to aid in the selection process and will be kept confidential. Please include additional information related to financial need in the personal statement portion of your portfolio.

Family Income: ☐ Below \$30,000 ☐ \$30,000 - \$50,000 ☐ \$50,000 - \$75,000 ☐ \$75,000 and above  
\_\_\_\_ More than one family member in college \_\_\_\_\_ Qualify for free or reduced lunch

List names and ages of brothers and sisters who are supported by your parent or guardian:

<u>NAME</u>	<u>AGE</u>	<u>NAME</u>	<u>AGE</u>
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Student Signature*

I certify that this portfolio is entirely my own original work and the information included is accurate.