

Monte Moses Scholarship Application

Application Deadline February 13, 2019 (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 ___ Street Number City Zip Code State PHONE ()___ _____ FAX ()_____ EMAIL ____ BIRTHDATE Day Month Year Father: Name: Telephone: Father's Occupation: Mother: Name: ______ Telephone: _____ Mother's Occupation: Phone: ______ FAX _____ Your Counselor's Name 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 ____ Qualify for free or reduced lunch More than one family member in college List names and ages of brothers and sisters who are supported by your parent or guardian: **NAME AGE NAME AGE** Parent/Guardian Signature Student Signature

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