

MAYFIELD HIGH SCHOOL

LOCAL SCHOLARSHIP APPLICATION

PLEASE COMPLETE THE FOLLOWING APPLICATION.

BE SURE TO PROOFREAD YOUR ESSAY BEFORE YOU PRINT OR EMAIL YOUR APPLICATION.

DUE DATE: March 11th & 12th, 2024

Scholarship Name: _____

Name _____ Address _____

Date of Birth: _____ Male _____ Female _____ Phone Number _____

Father's Name: _____

Mother's Name: _____

Occupation of Father: _____ Mother: _____

Applicant's disabilities, if any: _____

Names of colleges accepted to : _____

Scholarship(s) already received: _____

Employment experiences (names & dates): _____

List honors & academic achievements:

List all extracurricular activities:

ESSAY

In 500 words or less explain your qualifications for this Scholarship and state your academic and professional goals. Additionally, add any other pertinent information such as financial need or personal circumstances.