

# 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: February 13th, 2025**

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:**

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**List all extracurricular activities:**

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**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.**