

UNIONTOWN HIGH SCHOOL ALUMNI SCHOLARSHIP

QUALIFICATIONS: Have a 2.5 grade point average and be a full-time student (minimum of 12 hours). This can be applied to a 2-year, 4-year, or Vo-Tech school.

Date\_\_\_\_\_

Name\_\_\_\_\_

Last	First	Middle
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Home Address\_\_\_\_\_

Date of Birth\_\_\_\_\_ Place\_\_\_\_\_

Name of Father\_\_\_\_\_ Occupation\_\_\_\_\_

Name of Mother\_\_\_\_\_ Occupation\_\_\_\_\_

Mother's Maiden Name\_\_\_\_\_

Number of Brothers\_\_\_\_\_ Their ages\_\_\_\_\_

Number of Sisters\_\_\_\_\_ Their ages\_\_\_\_\_

Brothers & Sisters now in College or Vocational Training:\_\_\_\_\_

Schools Attended Grade through High School:\_\_\_\_\_

Favorite High School Course(s)\_\_\_\_\_

List your Activities (High School & Community) \_\_\_\_\_

Offices held, if any \_\_\_\_\_

What honors or awards have you won in high school?\_\_\_\_\_

Favorite sports participation \_\_\_\_\_

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Your chosen vocation(s) \_\_\_\_\_

Have you been awarded any other scholarships? \_\_\_\_\_

If so, name and amount \_\_\_\_\_

Approximately how much money will you have to begin your post-high school  
education? \_\_\_\_\_

How much do you think you can depend on from home? \_\_\_\_\_

Do you plan to work part time while attending school? \_\_\_\_\_

If so, how much do you anticipate earning? \_\_\_\_\_

List the anticipated expenditures for attending school for one semester – tuition, cost,  
books and supplies, plus living expenses including room and board \_\_\_\_\_

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Hobbies, if any \_\_\_\_\_

Work/Job Record (Volunteer or paid or at home) \_\_\_\_\_

What do you like best to do? \_\_\_\_\_

What do you like least to do? \_\_\_\_\_

Name of school you plan to attend: \_\_\_\_\_

Answer the following at length on separate sheets of paper and put your name at the top.

1. What does the word SUCCESS mean to you?
2. What things do you feel are most important in life?
3. Thoughts about yourself, your past, future, goals, beliefs, persons who have affected your life, etc.

References - List two and include name, address, occupation, telephone.  
(no relatives, please)

**TO BE COMPLETED BY THE HIGH SCHOOL COUNSELOR**

Date of graduation \_\_\_\_\_ Number in graduating class \_\_\_\_\_

Your rank in class \_\_\_\_\_ Grade point average \_\_\_\_\_ ACT score \_\_\_\_\_

\_\_\_\_\_  
Signature of Counselor

Final selection will be made by the ALUMNI BOARD OFFICERS.

THIS SCHOLARSHIP MUST BE TURNED IN BY MARCH 30.