

Milton High School Alumni Scholarship Association

Application Form Check only one category of scholarship that you are applying for:

_____ Graduating Senior—Class of _____

_____ Past Graduate—Please indicate graduating class _____

► **BIOGRAPHICAL INFORMATION**

Last Name _____ First Name _____ Middle Initial _____
 Social Security Number _____ Date of Birth _____
 Address _____ Telephone _____

Father, Stepfather, or Male Guardian (Circle one)

Name _____
 Address _____
 Occupation _____ Employer _____ Years employed _____

Mother, Stepmother, or Female Guardian (Circle one)

Name _____
 Address _____
 Occupation _____ Employer _____ Years employed _____

► **FINANCIAL INFORMATION** (List all children, including applicant, in the home.)

Applicant Name	Name of present school, college or occupation (As of the date of this application)	Age
Others Name	Name of present school, college or occupation (As of the date of this application)	Age

If you wish to have consideration given to this application because of special hardship conditions, please describe the nature of the hardship.

- _____ 1. High or continuing medical bills
- _____ 2. Additional education costs for other family members
- _____ 3. Disaster or major casualty losses during preceding 12 months
- _____ 4. Low income
- _____ 5. Other (Describe below)

Total Average Family Income (Circle one)

- | | | | |
|----|-----------------|----|-----------------|
| 1. | 0-\$20,000 | 4. | \$40,000-50,000 |
| 2. | \$20,000-30,000 | 5. | \$50,000-60,000 |
| 3. | \$30,000-40,000 | 6. | \$60,000-above |

Please list any additional financial aid that you anticipate receiving prior to the start of your post-graduate education.

► **POST SECONDARY INFORMATION**

Name of approved or accredited post-secondary institution where you will attend:

Major area of study: _____

Projected number of years of attendance _____

Please list activities throughout your high school or post high school years that demonstrate good citizenship significant service or contributions to the betterment of the school or community or any significant work experiences.

Briefly describe how this scholarship will help with your career plans:

Signature of Applicant

Date

Signature of Parent/Guardian (if applicant is age 18 or under)

Date

Applications should be submitted to the Guidance Office at the Milton Area Senior High School or mailed to:

Milton High School Alumni Scholarship Association

PO Box 515

Milton, PA 17847

DEADLINE FOR ALL APPLICATIONS IS THE LAST DAY OF APRIL