

Silverton Scholarship
Application
(Award for School Year 10-11)



Post High School applications will be accepted if postmarked or delivered to Silverton Realty, Mason Branstetter, 303 Oak St, Silverton by March 19, 2010.

High School graduating senior's applications will be accepted by Mrs. Sue Fisher prior to Spring Break but no later than March 19, 2010.

This application is to be used by qualified applicants who are graduating, or have graduated from S.H.S. and desire to apply for the Craig Clark, Silverton High School Alumni Association, Clarence Medack and/or the Loar scholarships. Scholarship awards are available for both vocational and academic pursuits. Awards will be granted only to Silverton High School graduates who will be attending **full time** as an undergraduate student, any public or private post-high school educational/ vocational institution **in the United States for the full academic year.**

Please print, type or word process

Name: _____

Permanent _____
mailing _____
address: _____

E-mail address: _____

Telephone number: _____ Social Security: _____ - _____ - _____
(Bank Required)

Cell phone: _____ Year of graduation from Silverton High: _____

Mailing address of _____
School you plan _____
to attend: _____
(Name, Address, _____
City, State, Zip) _____

Major Field of study: _____

Expected college graduation date: _____

Have you applied for admission? _____ Yes _____ No

Have you been accepted? _____ Yes _____ No

COMPLETE THE FOLLOWING:

Brothers and sisters (please include a statement of their current activities, i.e., student, living at home, college, etc.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Home telephone number: _____

Father's name: _____

Occupation: _____

Mother's name: _____

Occupation: _____

Your work experience:

Your Career goal(s):

School and community extracurricular activities in which you have participated during the last four years whether in HS and/or college:

Example

	Frosh	Soph	Jr	Sr
<u>Football</u>	_____	_____	<u>X</u>	<u>X</u>
<u>Hospital Auxiliary</u>	_____	<u>X</u>	_____	<u>X</u>
<u>Band</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>

Activity	Frosh	Soph	Jr	Sr
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ANTICIPATED BUDGET FOR SCHOOL YEAR

Total expected resources and total expected costs must equal each other.

Anticipated Resources	Expected Costs
Personal savings through May _____	Tuition and fees _____
Expected summer earnings _____	Room and board _____
Planned family contribution _____	Books & supplies _____
Projected school year earnings _____	Laundry & dry cleaning _____
Scholarships/Grants already guaranteed _____	Medical premium/costs _____
Anticipated funds from loans grants, scholarships, etc. (Provide names and amounts)	Car payments & costs . . _____
_____	Transportation costs . . . _____
_____	Other (specify) _____
_____	_____ _____
_____	_____ _____
_____	_____ _____
Additional funds needed _____	
Total Expected Resources _____	= Total Expected Costs _____

I BELIEVE ALL OF THE INFORMATION IN THIS APPLICATION AND THE ATTACHMENTS IS TRUE. I HAVE READ AND AGREE TO BE BOUND BY THE TERMS OF THE SCHOLARSHIP AND I AGREE THAT IF I DO NOT ATTEND AS A FULL TIME STUDENT AT AN ACCREDITED INSTITUTION IN THE UNITED STATES THAT I WILL RETURN THE AWARD.

SIGNED: _____ **DATE:** _____
(APPLICANT)

Admin processing notes:
 Rec'd _____ Complete: Y N
 If incomplete and time permits contacted via (email phone) _____.