

**THE DENION FAMILY SCHOLARSHIP
APPLICATION**

APPLICATION DATE (mm/dd/yyyy): _____

STUDENT

Name: _____

Date of Birth: _____

Address: _____

Phone: _____ Email address _____

Expected Graduation Date: _____

Cumulative G.P.A.(Weighted) _____ (Non-Weighted) _____

SAT scores or other like information _____

FAMILY INFORMATION (or Guardian if applicable)

| | <u>Mother</u> | | <u>Father</u> |
|--|---------------|-------|---------------|
| Names: | _____ | _____ | _____ |
| Address(es): | _____ | _____ | _____ |
| Occupation: | _____ | _____ | _____ |
| Income: | _____ | _____ | _____ |
| Number of Children in Family and Ages: | _____ | | |
| | _____ | | |

EDUCATIONAL INSTITUTION

Accepted by _____
(Name of Institution)

(Location)

1. Please attach your unofficial transcript to this application. Please write scores in spaces provided; not, "see attached".
2. Please list your activities at your high school, community (including service clubs or projects), sports, civic groups and church activities in which you have taken part.
3. Please attach one a Letter of Recommendation from a teacher or a coach.
4. Please attach a short essay outlining your goals and why you are pursuing further education. Please make sure that your essay illustrates how you possess the qualities identified in the Purpose Statement of this scholarship. The document format should be typed, double-spaced, and should be kept to two pages in length.

**The complete application package should be returned by April 30 to
The Westminster High School Counseling Office
Please include all attachments for your application to be considered.
A Scholarship Fund of the Community Foundation of Carroll County, Inc.**