

**WEST END HIGH SCHOOL ALUMNI ASSOCIATION  
SCHOLARSHIP APPLICATION**

Student # \_\_\_\_\_  
(committee use only)

**BACKGROUND INFORMATION** (to be completed by parent/guardian and applicant)

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
Last, First Middle  
Street City State Zip

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Name of High School: \_\_\_\_\_

\_\_\_\_\_ Mailing Address

Senior Counselor: \_\_\_\_\_  
Name Phone

Parent(s) Name: \_\_\_\_\_

Sponsor: \_\_\_\_\_  
Name Year Graduated or Attended

Relationship to Applicant \_\_\_\_\_

**THE UNDERSIGNED AFFIRMS THAT THE INFORMATION PROVIDED HEREIN THIS SCHOLARSHIP APPLICATION IS TRUE AND ACCURATE AND AGREES TO THE FOLLOWING:**

- (1) Upon being selected as a finalist, **you must participate** in an interview conducted by selected members of the Scholarship Committee. You will be notified by registered mail of the time and place.
- (2) **All scholarship monies will be paid directly to the college/university following receipt of invoice for Tuition and Fees only. Payment will be processed after semester invoice is officially submitted by the college/university or official copy submitted by the scholarship recipient from same.**
- (3) **All scholarship monies must be used within 4 years of the award. All funds remaining after 4 years will return to the scholarship fund.**
- (4) **Students who have or become recipients of a full scholarship become ineligible for this scholarship, or the balance in their fund.**
- (5) All applications and supporting documents become the property of the West End High School Alumni Association Scholarship Committee.
- (6) Scholarship recipients will be recognized at our May Luncheon. Scholarship recipient's meal will be covered by the Alumni Association. A Scholarship recipient may bring members of their families as honored guests. **Guests will be required to purchase their meal(s). ATTENDANCE IS EXPECTED.**

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date

Student# \_\_\_\_\_

(Committee Use Only)

**ACADEMIC DATA** (to be completed by applicant)

ACT Composite Score \_\_\_\_\_

SAT Composite Score \_\_\_\_\_

A copy of your College Entrance Examination Board (CEEB), ACT, and/or SAT must accompany your application. Scores must meet College/University criteria.

**COUNSELOR TO COMPLETE**

GPA \_\_\_\_\_ If your school uses a 5.0 or numerical point system please refigure on a 4.0 base. A copy of your grade transcript which includes your grade point average for the last 7 semesters **must** accompany this application. Upon graduation this student will receive a (type of diploma) \_\_\_\_\_.

Academic Organizations, Athletic, Music, Band, Arts, (indicate member or officer and years of membership). Use back of page if more space needed.

Organizations

Member/Officer

Years

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

To what colleges have you made application, and what have been their response regarding acceptance (i.e. accepted, rejected, pending)? Use back of page if more space needed.

College/University

Disposition

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

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Academic Honors, and/or Awards. (Continued)

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

Academic Organizations, Athletic, Music, Band, Arts (Continued)

Organization	Member/Officer	Year(s)
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5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

College, University (continued, use back of page in necessary)

4. \_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_  
**SchoolCounselor Signature**

\_\_\_\_\_  
**Date**

Student # \_\_\_\_\_

(committee use only)

FINANCIAL DATA (to be completed by parent or guardian)

Adjusted Gross Income from last year's Federal Income tax return: \$ \_\_\_\_\_

Number of Dependent Children: \_\_\_\_\_

Number of Dependents (other than applicant) Attending College: \_\_\_\_\_

Additional data or unusual circumstances, which effect financial need. Please be specific.

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Does the applicant have any additional source of income such as a part-time job, income from non -custodial parent, scholarship?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, identify source(s) and amount(s).

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**NOTE:**

Verification of your adjusted gross income on your latest tax return *is* required. **The scholarship chairperson is the only member of the committee who has access to this verification. It is used only by the chairperson for the reason stated and destroyed after verification is complete.**

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