



SCHOLARSHIP APPLICATION FORM

Section 1 – Applicant Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit#*

_____ *City* *County* *State* *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____
 Date of Birth: _____ Social Security Number: _____
 E-mail Address: _____

Sex: Male Female U.S. Citizen: Yes No

Section 2 – Family Information

Father **Stepfather** **Guardian**

Full Name: _____
Last *First* *M.I.*

Employer: _____ Occupation: _____

Address/Phone: Same as student Different than student (if different, please list below)

Address: _____
Street Address *Apartment/Unit#*

_____ *City* *State* *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

Mother **Stepmother** **Guardian**

Full Name: _____
Last *First* *M.I.*

Employer: _____ Occupation: _____

Address/Phone: Same as student Different than student (if different, please list below)

Address: _____
Street Address *Apartment/Unit#*

_____ *City* *State* *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

Section 2 – Family Information - Continued

1. Check if applicable: Father deceased Mother deceased Parents divorced

2. List names, ages and educational levels of siblings for next school year:

Name	Age	Grade or Highest Educational Level Achieved/Institution
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 3 –School Information

Current school attending _____ Grade _____
H.S. Graduation Date: _____ H.S. Cumulative GPA _____

College attending: _____
Part-Time or Full-Time Student: _____ Expected Graduation Date: _____

School Address: _____
Street Address

City State ZIP Code

Section 4 –Educational Goals & Interests

Discuss your educational and career goals. Please include how you choose the school you will be attending and plan to complete degree/certificate.

Section 5 – Activities & Work Experience

List any work experience, school, community and church activities in which you have been involved. Be sure to include leadership roles held.

SCHOOL ACTIVITIES

COMMUNITY AND CHURCH ACTIVITIES

WORK EXPERIENCE

Section 6 – Recommendation Letters & Personal Statement

Please attach 3 letters of recommendation from the following individuals:

1. Your mentor
2. Teacher from high school

3. Another adult

DO NOT USE RELATIVES.

Please attach a personal statement briefly sharing how your time with your mentor has affected your life. Please keep the personal statement to 500 words or less.

Section 7 –Applicant Signature

Please sign below indicating the following: The information provided in this application is accurate and true to the best of my knowledge.

Applicant Signature: _____ Date: ____ / ____ / ____

Section 8 – Check List of Additional Documents Required

Please provide the following documents to Children’s Mentoring Connection:

- School transcripts (see guidance counselor)
- Cumulative GPA (see guidance counselor)
- If available – ACT, SAT and/or PSAT