

I.D. # _____

Cumulative GPA _____

**ARTS IN STRONGSVILLE
APPLICATION FOR LOCAL SCHOLARSHIPS
SENIORS ONLY**

**RETURN THIS APPLICATION TO:
MS. LINDA PLAIN, PO BOX 360765, STRONGSVILLE, OHIO 44136
BY: APRIL 1 2010**

PLEASE PRINT OR TYPE:

Name _____ Male _____ Female _____

Address _____ Telephone () _____ - _____

Parent/Guardian _____

Occupation of Parent/Guardian: Father _____

Mother _____

Number of children in your family excluding yourself: _____

Will any of your siblings be attending an institution of higher learning next year?

Yes _____ No _____ If yes, please list institution and what year they are in.

What institution do you plan to attend next year? _____

Have you been accepted? Yes _____ No _____

Intended field of study: _____

Do you plan to participate in interscholastic sports in college? Yes _____ No _____

If yes, will you receive monetary assistance? Yes _____ No _____ Amount _____

Do you participate in any art or music curriculum? Yes _____ No _____

If yes, please list participation _____

Will you receive financial assistance from any source other than yourself or your parents?

Yes _____ No _____ If yes, from what sources and how much? _____

What Elementary and Junior High School did you attend and for how long?

Allen _____ years

Chapman _____ years

Drake _____ years

Kinsner _____ years

Muraski _____ years

Surrarrer _____ years

Whitney _____ years

Zellers _____ years

Albion _____ years

Center _____ years

Other _____

Applicant's Name: _____ Page 2

Please list your *high school* activities: _____

Have you held *offices* in any of these activities? _____

Please list your *out of school* activities and/or volunteer work: _____

Please list any high school or community awards you have received: _____

Date: ____ / ____ / ____

Signature of Applicant

Signature of Parent/Guardian

If you feel you have special circumstances that would affect this scholarship application, please briefly describe: (no attachments)
