**La Porte Local Scholarship Application**

Scholarship Name: Click or tap here to enter text. Scholarship #: Click or tap here to enter text.

7th Semester Rank: Click or tap here to enter text. 7th Semester GPA: Click or tap here to enter text.

Applicant Name: Click or tap here to enter text. DOB: Click or tap here to enter text.

Address: Click or tap here to enter text.

Home Phone #: Click or tap here to enter text. Cell Phone #: Click or tap here to enter text.

Mother’s Name: Click or tap here to enter text. Occupation: Click or tap here to enter text.

Father’s Name: Click or tap here to enter text. Occupation: Click or tap here to enter text.

Number of family members living at home: Adults: Click or tap here to enter text. Children: Click or tap here to enter text.

Number of siblings who will be attending college while you will be attending: Click or tap here to enter text.

Average Yearly Family Income: Click or tap here to enter text.

College you plan to attend: Click or tap here to enter text.

Have you been accepted to a college or university?  Yes  No - If No, please fully explain why you have not been accepted:

Click or tap here to enter text.

What do you plan to study and what career path do you expect to follow? Please explain fully:

Click or tap here to enter text.

How do you plan to finance your education?

Click or tap here to enter text.

Have you already received any offers of financial aid, scholarships or grants? Please list source, amount, and if you will accept or have accepted these offer(s);

Source of Funds Choose an item. Amount $Click or tap here to enter text. Will accept or acceptedYes  No

Source of Funds Choose an item. Amount $ Click or tap here to enter text.Will accept or acceptedYes  No

Source of Funds Choose an item. Amount $ Click or tap here to enter text.Will accept or acceptedYes  No

Source of Funds Choose an item. Amount $ Click or tap here to enter text.Will accept or acceptedYes  No

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Furnish the names of two references (non-relatives):

1. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

First and last name Phone number email address

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First and last name Phone number email address

Please list the Organizations or Clubs for which you are a member. (List yrs and offices held) – Please provide a completed community service log for your service hours.

Click or tap here to enter text.

Extenuating Circumstances or other information you feel is important for the scholarship committee to know. You may provide a written statement on a separate piece of paper, no longer than 250 words.

Click or tap here to enter text.