

THS ALUMNI FOUNDATION SCHOLARSHIP PROGRAM



Deadline: Monday April 24th 2017 {3:00 p.m.}

(Please type or print neatly in black ink)

Name: _____ Parents' Name: _____

Address: _____
 Street City State Zip Code

Phone: _____ Date of Birth: _____

Social Sec. {last four numbers} _____ Graduation Date: _____
(Required by Foundation)

How many years did you attend Tooele High School?: _____

1. ACT Composite Score _____ SAT Composite Score _____

2. Overall High School GPA _____ ****Please include a transcript of grades***

3. School or college you plan to attend _____

Have you applied? _____ Have you been accepted? _____

4. What financial aid, grants or scholarships have you, or do you expect to receive? Be specific:

5. Extra-curricular Activities – Organizations and Clubs. (Show the years of involvement, accomplishments; also indicate any offices held.)



6. Community and Other Involvement.

7. Personal Comments: Indicate why you should be the recipient of this scholarship. Also, include anything that may be important for the Alumni Association to know about you.

***If you would like to add additional pages or other documentation, please feel free to do so. This may give the committee a more personal view of the applicant. Do not submit large ring binders; a simple folder with folding clips would work best.*

DATE: _____ SIGNATURE OF APPLICANT _____

Deadline: The application must be turned in to the THS counseling office on OR before Monday April 24th 2017 {3:00 p.m.} NO late applications will be accepted. Please consider turning them in early to make sure they are in by the deadline.

If you are the applicant who receives this scholarship, the money is to be used in the 2017-2018 academic year.