

# THS ALUMNI FOUNDATION SCHOLARSHIP PROGRAM



**DEADLINE: APRIL 13, 2018**

(Please type or print neatly in black or blue ink)

Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number (last four numbers) \_\_\_\_\_ Graduation Year: \_\_\_\_\_  
(Required for tax reporting purposes)

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:

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

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6. Community and Other Involvement.

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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.

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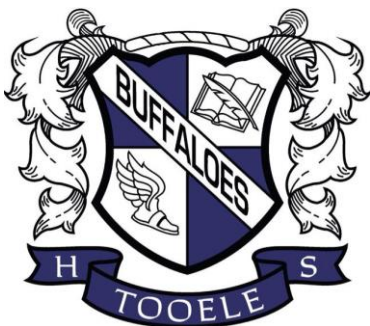
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8. Indicate the number of siblings in your family who are attending college/university or other post high school programs.

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***\*\* 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 \_\_\_\_\_



**Important Information**

- **The application must be turned in to the THS counseling office on OR before April 13, 2018.**
- **NO late applications will be accepted. Please consider turning it in early to make sure you meet the deadline.**
- **If you are awarded this scholarship, it must be claimed for the 2018-2019 academic year.**