

THE NIGHT TRAIN FOUNDATION SCHOLARSHIP APPLICATION

APPLICATION DATE (mm/dd/yyyy): _____

STUDENT

Name: _____

Date of Birth: _____ Social Security Number _____

Address: _____

Phone: _____ Carroll County High School: _____

Carroll County High School Student Since: _____ Expected Graduation Date: _____

Cumulative G.P.A.(Weighted) _____ (Non-Weighted) _____

What other scholarships have you applied for/received? _____

FAMILY INFORMATION (or Guardian if applicable)

	<u>Mother</u>	<u>Father</u>
Names:	_____	_____

Address(es):	_____	_____
	_____	_____

Occupation:	_____	_____
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Total Income:	_____	_____
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Number of Children in Family and Ages: _____

EDUCATIONAL INSTITUTION

Accepted by _____
(Name of Institution)

(Location)

1. Please attach your unofficial transcript to this application. Please write scores in spaces provided; not, "see attached".
2. Please list your activities at your high school, community (including service clubs or projects), sports, civic groups and church activities in which you have taken part.
3. Please attach a letter of recommendation.
4. Please write a 500-word essay describing your career and personal goals and how the Night Train Foundation Scholarship will help you to achieve them.

**The complete application package should be returned by April 15 to
The Community Foundation of Carroll County, 255 Clifton Blvd., Westminster, MD 21157**

Please include all attachments for your application to be considered.

A Scholarship Fund of the Community Foundation of Carroll County, Inc.

