

The DANELE SHIPLEY SCHOLARSHIP AWARD
Application

STUDENT

Name: _____

Date of Birth: _____ Social Security Number _____

Address: _____

Phone: _____ Carroll County High School: _____

Carroll Co. H.S. Student Since: _____ Expected Graduation Date: _____

Cumulative G.P.A _____ SAT Score (s) (list math & verbal scores) _____

What other scholarships have you applied for/received? _____

Have you applied for FAFSA? _____ (if yes- Please attach a copy)

FAMILY INFORMATION

	<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 transcript along with SAT scores to this application.
2. Please list high school activities in which you participated, including service clubs or projects, sports, civic groups and church activities in which you have taken part
3. Please write a 1 to 2 page essay describing your career and personal goals and how the Danele Shipley Scholarship Fund will help you to achieve them.
4. Please attach a copy of FAFSA form. *(If applicable)*

in order to allow time for application review, the complete application package should be returned by April 1 to the Guidance Office.

INCLUDE ALL ATTACHMENTS OR YOUR APPLICATION WILL NOT BE CONSIDERED.