

# Alpha Omega Study Club Scholarship

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

PARENTS' OCCUPATION: \_\_\_\_\_

GRADE POINT AVERAGE: \_\_\_\_\_

SCHOOL ACTIVITIES, CLUBS, ORGANIZATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMMUNITY/CIVIC ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AWARDS/HONORS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHICH COLLEGE DO YOU PLAN ON ATTENDING: \_\_\_\_\_

\_\_\_\_\_

BRIEFLY DESCRIBE YOUR ACADEMIC AND CAREER GOALS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE ATTACH ANY PERSONAL REFERENCES, IF AVAILABLE.

**RETURN THIS COMPLETED APPLICATION TO COUNSELOR'S OFFICE BY FRIDAY,  
APRIL 15.**