

**ADA HIGH SCHOOL ALUMNI ASSOCIATION
SCHOLARSHIP APPLICATION**

NAME: _____

HOME ADDRESS: _____ **DATE OF BIRTH:** _____

PARENT(S)/GUARDIAN(S): _____

ACADEMIC DATA: **GRADE POINT AVERAGE:** _____
 ACT COMPOSITE SCORE: _____
 SAT COMBINED SCORE: _____
 AHS CLASS RANK _____ **OUT OF** _____ **STUDENTS**

LIST ACTIVITIES/COMMUNITY SERVICE/LEADERSHIP AND OTHER HONORS/ACHIEVEMENTS:

DESCRIBE YOUR EDUCATION AND CAREER GOALS:

HOW DO YOU PLAN TO PAY FOR YOUR EDUCATION?

APPLICANT'S SIGNATURE: _____

DATE OF APPLICATION: _____

**** PLEASE INCLUDE A PERSONAL RESUME WITH THIS APPLICATION ****

- This is a one-year, non-renewable scholarship
- The scholarship award will be presented at the annual AHS Alumni Association Banquet
- The check will be written to the individual and the educational institution.

**Please submit this application the Superintendent's Office.
Deadline: April 1st.**

