



What college or post-secondary institution do you plan to attend?

---

Where is it located?

---

Have you been accepted for admission?

---

Date you expect to enter: (month/year)

---

Do you plan to commute from home?

---

Do you plan to live in a dormitory?

---

What major are you pursuing?

---

What type of degree are you pursuing?

---

Have you visited the college of your choice?

---

Have you visited any other colleges? (if yes, please list)

---

---

Have you received any other scholarships at this point? If so, please list the scholarship and the dollar amount.

---

---

Are you an A+ eligible student?

---

Do you plan to use A+ tuition money in the fall?

---

If no, please explain.

---

What financial planning have you made in meeting the anticipated expenses of attending college?

How much money have you saved toward your education?

Summer Savings	\$ _____
Other savings & asset	\$ _____
Contributed by parents	\$ _____
Gifts from relative or friend	\$ _____
Loans by parents	\$ _____
Part-time job earnings	\$ _____
Veterans Benefits of any kind	\$ _____
Scholarships	\$ _____
Any other income or resources	\$ _____
<b>Total</b>	\$ _____

How much will it take in total to finance one year of college? Please list your anticipated expenses for the school year.

Tuition & Fees	\$ _____
Books and supplies	\$ _____
Board	\$ _____
Room	\$ _____
Clothes	\$ _____
Incidentals (haircuts, laundry, etc)	\$ _____
Recreation	\$ _____
Miscellaneous	\$ _____
Others (please identify)	\$ _____
<b>Total</b>	\$ _____

Please list school clubs and organizations which you have been a member of during high school. List any office which you have held (i.e. DECA, NHS, Band, Troubadours, Play)

CLUB/ORGANIZATION	GRADE				OFFICE HELD or OTHER RECOGNITION
	9	10	11	12	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

List the sports you have been involved in and how many years:

SPORT	GRADE				SPECIAL HONORS
	9	10	11	12	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

List any other club or organizations (outside of school) in which you are or have been a member. Indicate for how many years and if you were an officer. (Example's - 4-H, Boys Scouts, Girls Scouts, Church organizations)

Are you an eagle scout? \_\_\_\_\_

Have you had any past involvement in the Gasconade County Fair? (4-H and /or FFA Exhibitor, Education department, etc.) \_\_\_\_\_

If yes, please explain:

**Community Service**-List any community service and write a few sentences about what community service means to you.



I have been informed of the procedure for making application for local scholarships at the Gasconade County R-II High School. I understand that scholarships will be given on a non-discriminatory basis and according to the rules and regulations as approved by each scholarship. I further understand that I will abide by the final decision of the selection committees. I understand if I become a recipient of one of the local scholarships, I will be required to attend the Academic Awards Night held in the spring. Failure to attend could cause the scholarship to be revoked. I hereby certify that the information which has been provided is true to the best of my knowledge. I understand that any person who knowingly makes a false statement or representation on this form shall be subject to disqualification.

---

Signature of Applicant

-----

To be supplied by the Guidance office: Number of days missed by student, grade 9-12 (\*note any unusual or excessive absences)

\_\_\_\_\_

9

\_\_\_\_\_

10

\_\_\_\_\_

11

\_\_\_\_\_

12

Discipline/ISS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of seniors in graduating class: \_\_\_\_\_

Class Rank: \_\_\_\_\_

GPA: \_\_\_\_\_

ACT Score: \_\_\_\_\_

Composite: \_\_\_\_\_

Percentile: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

---

Signature of Counselor