

Sharp Trust Scholarship Application

Name of High School: _____
Choice of College _____ Intended Major _____
List of other scholarships / grants applied for _____

*Personal Data**

NAME: Last _____ First _____ M.I. _____ XXX-XX-_____
Social Security # _____ Date of Birth _____ Male _____ Female _____

Address: _____ Telephone# _____ Email _____

** Family Information **

Parents (Check if Living) Father () Mother () Stepfather () Stepmother ()

Parents Divorced/Separated () Student has legal guardian ()

Parent Disabled: (Explain) _____

Number of Children: Brothers (Older) _____ (Younger) _____

Sisters (Older) _____ (Younger) _____

Number (including yourself) who will be in College or Technical School next year: _____

Father, Stepfather, Guardian:

Mother, Stepmother, Guardian:

Name: _____ Age: _____ Name: _____ Age: _____

Home Address: _____ Home Address: _____

Specific Occupation: _____ Specific Occupation: _____

Employer: _____ Employer: _____

** Personal Statement (Attach)**

I. In your own words, advise why you need financial assistance to attend college.

II. Write or type a statement regarding any information which you would like the Trustees to consider in evaluating your application. List any extra-curricular activities, honors, awards won, offices held, employments etc.

Note: These statements are used as a part of the selection criteria.

I Authorize the release of any information relevant to my application for this scholarship and I certify that all information given on this application is true and complete to the best of my knowledge. I also request that my high school submit a copy of my transcript and other academic information to the Robert G. Sharp Trust.

Applicant

Parent or Guardian

Date

Return this application with your financial forms to your high school guidance counselor by March 15.

To be completed by the Principal Or Counselor and returned to the Robert G. Sharp Trust, Post Office Box 66, Athelstane, WI 54104 by April 1 with all necessary financial aid forms.

A copy of the student's transcript to be attached to the application form. Please complete the following information:

Student Ranks _____ in a class of _____ based on (6) (7) semesters (cross out one)

If test scores are available: ACT Composite _____, SAT Verbal _____ Math _____

Comments _____

Principal or Counselor

Date