Committee Ranking : _____

Lancaster Business and Professional Women's Association
High School Scholarship Information 2019

Part I: Should be filled out by the student applying for the scholarship.

Part II: Should be filed out by the principal, counselor or teacher.

*****Please Attach a Certified Transcript*****

Name _____ Social Security Number _____

Home Address _____

Phone./Cell_____

High School _____ Graduation Date _____

Part I:

A: High School Achievements (Honors, awards, leadership roles). Please include the dates that the honors or awards were received, and the dates that you fulfilled the leadership roles.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

B: High School Volunteer Service to community (not school related). Please include the dates of service for each activity.

_____
_____
_____
_____
_____

Part I (Continued)

C. Employment experience (please list the most recent position first and include the dates of employment and number of weekly hours worked for each position)

D. Please write a short sentence regarding your educational and career goals.

Part II

To be completed by high school principal, counselor, or teacher.

_____ _____
Students' Grade Point Average SAT Score

_____ _____
Students' Class Rank ACT Score

_____
Number in Graduating Class

_____
General estimate of this student's success in college

_____ _____
Signed Please print your name

Title _____ Your Telephone Number _____

School Name _____

Please return complete forms no later than April 5, 2019 at 5:00 p.m. to
Shirley Conner
Conner Insurance
1569 E. Main St.
Lancaster, OH 43130.