**APPLICATION FOR**

**THE RAYMOND AND HILDRED ARMANTROUT**

**SCHOLARSHIP**

**I. PERSONAL INFORMATION:**

**SOCIAL SECURITY NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 FIRST MIDDLE LAST

**ADDRESS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 STREET CITY STATE ZIP CODE

**Name of Father\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Mother\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of Brothers\_\_\_\_\_\_\_\_Ages\_\_\_\_\_\_\_\_\_\_\_ Number of Sisters\_\_\_\_\_Ages\_\_\_\_\_\_\_\_\_\_**

**Amount of financial assistance your family will be able to contribute toward your educational expenses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**II. NAME OF COLLEGE OR UNIVERSITY YOU PLAN TO ATTEND AND WHY:**

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**III. HIGH SCHOOL ACTIVITIES:**

**Briefly describe any activities you have participated in while at Scott Community High School. Please list organizations and offices held, club memberships, athletic teams, honors, and awards received. If necessary, attach a second sheet.**

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**IV. PERSONAL STATEMENT:**

**In the space provided below, please describe *in your own words and handwriting* why you want to be a recipient of the Armantrout Scholarship, the course of study or major field of interest you plan to follow, your proposed occupation or profession, and any other abilities you may have that are not otherwise mentioned on this application form. If necessary, attach an additional sheet.**

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**V. COMMUNITY SERVICE:**

**Briefly describe any community service activities. Be sure to answer each of the following questions:**

* **What was your activity?**
* **When and where did your activity take place?**
* **Who has been positively affected by your community service?**

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**VI. REFERENCES: Please attach two letters of recommendation from persons not related to you.**

**VII. PLEASE HAVE A SCHOOL OFFICIAL COMPELETE THE FOLLOWING:**

**CUMULATIVE GRADE POINT AVERAGE\_\_\_\_\_\_\_\_\_\_\_\_\_ (BASED ON A 4.00 SCALE)**

**RANK IN HIGH SCHOOL GRADUATING CLASS \_\_\_\_\_\_\_\_\_\_\_\_OUT OF \_\_\_\_\_\_\_\_\_\_\_\_**

**I VERIFY THAT THE ABOVE INFORMATION IS CORRECT.**

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 **Signature of School Official Title**

**The winners of this scholarship will be selected by the school counselor, school principal, 2 high school faculty members, and 3 members of the community chosen by the school faculty members.**

**RETURN TO: Mrs. Wilkinson, SCHS Counselor**

**DUE DATE: March 24, 2017**