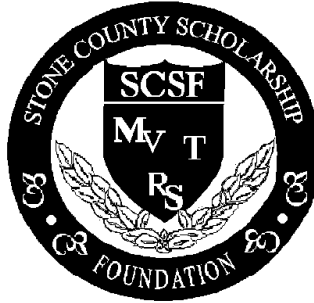


# STONE COUNTY SCHOLARSHIP APPLICATION

*The future is the minds of our youth. Strong minds build strong communities.*

Applicant must be a senior scheduled to graduate from Mountain View, Rural Special, or Timbo High School



## Eligibility Criteria

High School Graduate  
\*Minimum GPA 2.5  
\* Minimum ACT 19

## PERSONAL INFORMATION

Name \_\_\_\_\_  
(First) (Middle) (Last)

Social Security Number \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell \_\_\_\_\_

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## COLLEGE PREFERENCES

College you plan to attend \_\_\_\_\_

Field of study in which you plan to major \_\_\_\_\_

**Work Experience:** List the jobs you have had since entering high school.

Employer	Dates of Employment	Hours per week	Duties

**Activities: List your high school and community activities (other than jobs) in the order of interest to you. (Attach a separate sheet, if needed.)**

Activity	Number of years

**Honors: List any special honors and awards you have won or earned either in or out of high school.**

Honor or award	Date awarded

Please list any scholarships or awards received and amounts.

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Name of parents or guardian \_\_\_\_\_

Occupation of father \_\_\_\_\_ Employer \_\_\_\_\_

Occupation of mother \_\_\_\_\_ Employer \_\_\_\_\_

**PLEASE READ AND SIGN THE FOLLOWING:**

Many of the scholarships require criteria or conditions to be met by the recipient. Changing your major or college may result in the termination of your scholarship. If you are awarded a scholarship, contact the high school office before making any changes.

I certify that, to the best of my knowledge, the information given is accurate and complete. I understand that these scholarships are to be used the first two semesters of college and that I am expected to remain in school for at least that long. SHOULD I DECIDE TO DROP OUT OF SCHOOL WITHOUT COMPLETING A SEMESTER, I WILL BE WILLING TO REPAY ANY SCHOLARSHIP MONEY USED IN THE INCOMPLETE SEMESTER. This information will be made available to the scholarship donors.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please attach an official high school transcript and ACT scores  
Return completed application to your counselor by April 1<sup>st</sup>.**