

**El Dorado High School
Guidance Office
Local Scholarship Application**

For Office Use:
Acad. GPA: _____

Total GPA: _____

Name: _____ Phone # _____

Address: _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Guardian's Name: _____ Occupation: _____

College (if unknown, please report plans for college asap to Mrs. Campuzano)

1st Choice _____ Accepted: Yes or No Attending: Yes or No

2nd Choice _____ Accepted: Yes or No Attending: Yes or No

If attending college in the fall 2019, where will you be attending? _____

Intended Major in College: _____

College Degree Goal (2 yr., 4 yr., Graduate School): _____

If the above does not apply, what are your plans for next year?

Career Goal: _____

Elementary School Attended: _____ Graduation Date: _____

Middle School Attended: _____ Graduation Date: _____

EDHS PTSA Member (student) Yes No

If yes, please describe any PTSA/PTA responsibility you may have or have had in the past:

Extra-Curricular Activities: Please list and indicate years involved (i.e., 9th, 10th, etc.) Attach additional pages if necessary.

<u>School Activities:</u>	<u>Year</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Non-School Activities:

Year

Family Information:

Dependent Children (Include applicant's name):

Name

Age

Year in High School

Year in College

Additional Supportive Information: List *any* information you believe will support your being selected. Are there any hardships, obstacles, adversities, etc. that you and/or your family have had to face? Use additional sheets, if necessary.

List any grants or scholarships that you have been awarded *and* plan to use for the next school year:

Date

Student Signature

Parent/Guardian Signature

RETURN THIS APPLICATION TO THE COUNSELING OFFICE

DEADLINE:

FRIDAY, March 29, 2019

**All information will be treated as confidential