



Sunflower Association Of Educational Office Professionals

Scholarship Application Form

(Please Type)

Purpose: To encourage and assist a high school senior wishing to further his/her education at the Junior College level, Four-Year College level or Technical Training.

Date Of Application _____

1. Name Of Applicant _____

Address _____

(Street)

(City)

(State)

(zip)

Phone _____

Date Of Birth _____ Social Security Number _____

2. Last GPA _____

3. List of community (non-school) activities, including any offices held:

4. List school extra-curricular activities including athletics, music, including any offices held:

5. Academic Awards and Honors:

6. Legal Guardian's Name _____

Address _____

(Street)

(City)

(State)

(Zip)

Home Phone _____

7. Your Career Plans: _____

8. Will your legal guardians assist you financially in continuing your education?

Yes

No

9. If so, how much additional assistance do you feel you will need to continue your education? _____

10. List any other family/financial circumstances which should be considered.

I certify the above information to be true and correct.

(Signature of Applicant)

(Date)

Return application to High School Counselor's Office

Deadline for application March 31, 2006