

ICHS ALUMNAE SCHOLARSHIP APPLICATION

Please attach a current Photograph

*Form Revised: May 2022

Ensure that all required items are submitted with this application. Please complete and email application.

FOR OFFICIAL USE ONLY:

Denied: _____ Approved: _____ Date: _____ Amount: _____

Name of Scholarship for which you are applying: _____

1. Name: _____
Surname First Middle

2. Home Address _____
City: _____ Parish: _____ Phone: _____
Email: _____

3. Date of Birth: _____ Age: _____

4. Parent/Guardian Name: _____

5. Parent/Guardian Occupation: _____

6. High School from which graduation was achieved: _____

7. Date of Graduation: _____

8. **Current GPA:** _____

9. Anticipated Graduation Date: _____

10. Please list all extracurricular activities. Please specify the ways in which you participated in each activity and any position(s) of responsibility you may have held:

School Activity	Start Month	Start Year	End Month	End Year	Participation and/or Position Held
Volunteer Activity					

Community Activity	Start Month	Start Year	End Month	End Year	Participation and/or Position Held
Other					

11. Please list any honors, awards or special recognition you have received both inside and outside of school:

_____ (Please attach copies of certificates or letters of support for volunteer service, if available.)

12. What special interests, hobbies, and/or talents do you possess?

13. If applicable, please list (in order of preference) the colleges or institutions to which you have applied.

College or University	Degree Programme	Accepted?	Cost of Tuition	Cost of Room/Board

14. Do you plan to work during school or vacations? [] Yes [] No How many hours per week? _____

15. Most scholarships are partial scholarships, **how will you finance the balance of your tuition?**

16. If you are applying for a loan, **when did you apply?** _____

17. Please list other scholarships or financial aid that you have received.

Name of Scholarship/Loan	Source of Financing	Amount/Payable for how long?

CONFIDENTIAL FINANCIAL INFORMATION

The funds available for scholarships are limited. In order to distribute the awards in the most equitable manner, each applicant's need for financial assistance must be carefully evaluated. **Please note that ALL spaces must be marked.** If they are not applicable, mark them as such. Please feel free to present further details on a separate sheet of paper.

	Name	Occupation	Gross Income	Does this person live in your home?
Self				Yes
Father				
Mother				
Other				

Total ANNUAL Gross Income for all persons listed above.

Name	Age	Relationship	Name/Age	Age/Relationship

Number of persons listed above who are currently receiving training beyond high school: _____

Number of school-aged children: _____

Will you be the first person in your family to receive a tertiary education? [] Yes [] No

Please provide all extenuating circumstances (not stated above) that further indicate your need for financial assistance (for example, house payment, auto loan, medical bills, etc.). Please use an additional sheet of paper if necessary.

Applicant's Signature: _____ Date: _____

Your signature indicates that the information provided within this document is a true and valid account of your profile, financial and academic information.

Pictures of students receiving scholarships may be used for future publicity. Please indicate your willingness to allow the use of your photo image for PR materials: [] Yes [] No