



**FORT DODGE SENIOR HIGH
2023- 2024 SCHOLARSHIP APPLICATION**



APPLICATIONS MUST BE RETURNED TO YOUR COUNSELOR BY FEBRUARY 1, 2024

NAME OF SCHOLARSHIP: _____

STUDENT NAME: _____

ADDRESS: _____ **Phone #** _____

FATHER'S NAME: _____ **MOTHER'S NAME:** _____

FATHER'S OCCUPATION & EMPLOYER: _____

MOTHER'S OCCUPATION & EMPLOYER: _____

**FAMILY INCOME
FOR NEED-BASED
SCHOLARSHIPS:**

- ☐ 0 - \$25,000
☐ \$25,000 - \$50,000
☐ \$50,000 - \$75,000

- ☐ \$75,000 - \$100,000
☐ \$100,000 - \$125,000
☐ over \$125,000

ETHNIC BACKGROUND: (check one, optional)

- ☐ AFRICAN AMERICAN
☐ ASIAN/ PACIFIC ISLANDER
☐ CAUCASIAN

- ☐ HISPANIC/ LATINO AMERICAN
☐ NATIVE AMERICAN/ ALASKAN
NATIVE

NAMES AND AGES OF SIBLINGS LIVING AT HOME _____

NUMBER OF FAMILY MEMBERS IN COLLEGE IN 2023-2024 INCLUDING YOURSELF: _____

TO BE COMPLETED BY COUNSELOR ONLY!

CLASS RANK _____ / _____ **GPA** _____

Counselor's Signature _____

COLLEGE INFORMATION

INTENDED COLLEGE MAJOR: _____

COLLEGE PREFERENCE :

(Please Circle One)

1ST CHOICE _____ APPLICATION SENT: YES NO
2ND CHOICE _____ APPLICATION SENT: YES NO
3RD CHOICE _____ APPLICATION SENT: YES NO

(NOTE: You may attach no more than one additional page, one sided, typed and double-spaced.)

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