

# HRAWO SCHOLARSHIP APPLICATION

Date \_\_\_\_\_ Name \_\_\_\_\_

(First, Middle Initial, Last)

Preferred Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

(Street)

(City)

(State)

(Zip Code)

Name of High School \_\_\_\_\_

Name of College (if applicable) \_\_\_\_\_

Address of High School \_\_\_\_\_

(Street)

(City)

(State)

(Zip Code)

Guidance Counselor's Name \_\_\_\_\_ School Phone \_\_\_\_\_

Guidance Counselor's Email \_\_\_\_\_

Current Grade Point Average (GPA) \_\_\_\_\_

Number of Students In Your Class \_\_\_\_\_ Your Rank From Top \_\_\_\_\_

College Admissions Test Results (Indicate Name of Test & Score Below. Submit copies of results with application)

Extracurricular Activities \_\_\_\_\_

Awards \_\_\_\_\_

Work Experience \_\_\_\_\_

What College/University Do You Plan On Attending? \_\_\_\_\_

What Do You Plan To Study In College? \_\_\_\_\_

What Are Your Career Interests Upon Completing College? \_\_\_\_\_

Do You Have A Family Member Associated With The HRAWO Organization? (Yes/No) \_\_\_\_\_

If Yes, Please List His/Her Name \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)