

APPLICATION FORM

**NHS SCHOLARSHIP**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

GPA \_\_\_\_\_ Class Rank \_\_\_\_\_ Out Of \_\_\_\_\_

How many years have you been a member of NHS?     1     2

What colleges have you applied to?

Accepted

- |          |                              |                             |
|----------|------------------------------|-----------------------------|
| 1. _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

List activities participated in while attending high school: \_\_\_\_\_

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Briefly explain your future plans at this time:

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