

APPLICATION FORM
RICE CONSOLIDATED SCHOOLS
FOOD SERVICE ASSN. SCHOLARSHIP

NAME: _____ **PHONE NUMBER:** _____

ADDRESS: _____ **AGE:** _____

PARENT'S NAME: _____ **DATE OF BIRTH:** _____

DO YOU OWN A CAR OF YOUR OWN? YES _____ **NO** _____

WHAT PERCENTAGE OF YOUR COLLEGE EDUCATION MUST YOU PAY YOURSELF?

CIRCLE ONE: 100% 75% 50% 25% 0%

NUMBER OF BROTHERS AND SISTERS: _____ **LIST THEIR AGES:** _____

DO YOU STILL PLAN TO ATTEND A COLLEGE EVEN IF YOU DO NOT GET THIS SCHOLARSHIP? **YES** _____ **NO** _____

COLLEGE MAJOR: _____

APPROXIMATE HIGH SCHOOL AVERAGE: _____

LIST HONORS RECEIVED WHILE ATTENDING HIGH SCHOOL: _____

LIST ACTIVITIES PARTICIPATED IN WHILE ATTENDING HIGH SCHOOL: _____

**RICE CONSOLIDATED SCHOOLS FOOD SERVICE ASSN. SCHOLARSHIP
(CONTINUED)**

**WRITE A BRIEF STATEMENT TELLING WHY YOU DESIRE A COLLEGE EDUCATION
OR WHY YOU WANT TO ENTER YOUR CHOSEN CAREER. USE BACK IF
NECESSARY.**

**IN SIGNING THIS APPLICATION, THE APPLICANT VERIFIES THAT THE ABOVE
INFORMATION IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE.**

SIGNATURE: _____ **DATE:** _____