

BUNCETON ALUMNI ASSOCIATION SCHOLARSHIP

APPLICATION FORM

DEADLINE:

APRIL, 30

**APPLICATION MUST BE COMPLETELY FILLED OUT AND ALL DOCUMENTATION ATTACHED FOR
SCHOLARSHIP CONSIDERATION.**

BUNCETON ALUMNI ASSOCIATION SCHOLARSHIP FUND

APPLICATION FORM

(UPDATED 2014)

Name _____

Address _____

Telephone Number _____ Age _____ Birth Date _____

Parent's or Guardian's Name _____

Parent's or Guardian's Address _____

Father's Occupation _____

Mother's Occupation _____

Number of Brothers and Sisters _____ Ages and Years in School _____

Where do you plan to enroll for a higher degree of education? _____

When do you plan to enroll? _____

What are your vocational plans? _____

How have you earned or saved money to help meet your anticipated expenses for school?

Will you earn part of your school expenses? _____ If so, How? _____

List Scholarships or other aids and amounts you have applied for (including A+ program) :

List school activities (offices held, awards received, sports, music, dramatics, etc.)

List community activities (organizations, offices held, church activities etc.)

List the name and address of a Teacher whom you are asking to write a letter of recommendation. The recommendation should be sent to: School Counselor, Bunceton High School, Bunceton, MO 65237.

Please attach a short essay explaining your future plans.

The Applicant herewith consents that the Advisory Committee of the Bunceton Alumni Association Scholarship Fund be informed as to the applicant's scholastic standing.

Signature of Applicant

This is to certify that the above applicant ranked _____ on the first seven semesters of work in a class of _____ seniors. The applicant's Grade Point Average for the first seven semesters is _____.

Superintendent or Principal Signature