

CHS Alumni Scholarship Application

Deadline: May 1, 2017

Name: _____ SS #: _____ DOB: _____

Permanent Address: _____

Phone #: _____ Parent(s)Guardian Name: _____

GPA: _____ ACT Score: _____ Class Rank: _____ Numeric Average: _____

As an indicator of financial need please mark the box indicating your family's total household income:

\$0 - \$25,000 _____ \$25,00 - \$75,000 _____ \$75,000 - \$100,00 _____ Over \$100,000 _____

Please indicate the make-up of household:

Single Parent Home: _____ Both Parents: _____ Other: _____ # of Children: _____

If other, please describe: _____

Please explain any special circumstances that would have a direct effect on your financial ability to further your education. (use back if needed)

College you plan to attend: _____

Vocational/Technical School: _____

Major Area of Study: _____

Describe your future aspirations in life:

List any Scholarships or Financial Aid you have already applied for or know you will be receiving:

Student Application Signature

Date

Please Mail To: CHSAA, P.O. Box 1275, Corinth, MS 38835