

**Hutchinson High School  
LOCAL SCHOLARSHIP APPLICATION**

**Leave the following information blank, the counseling office will fill this in later:**

*Name of Scholarship:*

*Unweighted GPA:*

*Weighted GPA:*

*Class Rank:*

*Counselor Verification:*

**Please fill out the following information:**

Your name:

Your address:

Are you now employed: Yes                      No

If yes, where are you employed, what is your job title and your average hours per week:

Name of parent or guardian 1:

*Occupation and place of employment:*

Name of parent or guardian 2 (if applicable):

*Occupation and place of employment:*

Total number of family members living at home:

What are the ages of the dependents living at home, including yourself:

Including yourself, how many people in your family will be attending college next year:

Please indicate your family's adjusted gross income from last year's tax return:

Under \$15,000

\$15,000 to \$30,000

\$30,000 to \$45,000

\$45,000 to \$60,000

\$60,000 to \$75,000

\$75,000 to \$100,000

\$100,000 Plus

Does your family have special financial considerations which need to be addressed:

What is your intended college major?

What is your intended career choice after college?

List all of the school organizations, teams or clubs in which you have participated, show the school years you were involved and list any offices or leadership positions you might have held:

List any honors or awards:

List any community service activities and participation hours:

List any accomplishments outside of school:

By providing your name and the last four digits of your social security number, you agree that the information provided is correct and you give permission for the school to release this information including your school transcript to the appropriate scholarship committee.

Students name and last four digits of Social Security number          Date

Parents name and last four digits of Social Security number          Date