

SCAPPOOSE ALUMNI ASSOCIATION, INC
SCHOLARSHIP APPLICATION
(Please use black pen – NO pencil)

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Cell Phone Contact No.: _____

High School: GPA _____

(All Applicants MUST be a graduating student at Scappoose High School)

Attach paper for additional information:

- 1) What In-School Activities have you participated in while attending all 4 years of High School? (List on a separate sheet of paper each year and each activity)**

- 2) What Community Service Activities (outside of school) have you participated in while attending all 4 years of High School? (List on a separate sheet of paper each year and each activity)**

- 3) List all Leadership (Chair of project and/or group) roles for each activity In-School and Community Service all 4 years: (List on a separate sheet of paper each project and group with leadership rolls you have participated in each year)**

- 4) List awards received for all activities above both In-School and Community Service: (List on a separate sheet of paper each year of activity and awards received)**

5) What are your plans for your future?

- 6) Have you applied to a trade school, college or university? Yes _____ NO _____**
Have you been accepted? Yes _____ No _____

ATTACH THE FOLLOWING WITH THIS APPLICATION:

- **COPY OF YOUR TRANSCRIPT**
- **TWO LETTERS OF RECOMMENDATION FROM TEACHERS, ADMINISTRATORS, CLERGY, ECT.**
- **ON A SEPARATE SHEET OF PAPER LISTS from #1-4**
- **ON A SEPARATE SHEET OF PAPER TELL us what the Scappoose Alumni Association's purpose is and why it is important to you (150 words or less)**
- **Applications must be returned to the Scappoose Alumni Association by May 1st, 2023 at PO Box 60, Scappoose, OR 97056 or scan and email to: ehudsonsthings@gmail.com**

The Scappoose Alumni Association will award (1) \$600 scholarship to a graduating senior from Scappoose High School.

The Scholarship will be paid to the college or trade school of your choice once we receive your "Proof of Registration" at any credited school.

I CERTIFY THAT TO THE BEST OF MY KNOWLDEGE THE INFORMATION ENTERED ON THIS FORM IS TRUE AND ACCURATE. (This form MUST be signed by Applicant AND School Counselor.)

Scholarship Applicant Signature

Date

School Counselor Signature

Date

Please return all applications to the Scappoose Alumni Association by May 1st, 2023

For questions send email to ehudsonsthings@gmail.com