

To begin scholarship application:

- 1) Go to File, make a copy**
- 2) Rename the copy as YourName Castle Application**
- 3) Complete application**
- 4) Print application**
- 5) Give to Ms. DeGroot before May 1, 2020**

****You may type your essay paragraph and share that
with Ms. DeGroot via Google Docs**

Scott Morgan District #2 Foundation Scholarship Award Application

General Information:

District #2 Foundation Scholarships are given annually to qualifying seniors graduation from Bluffs High School. Each scholarship provided \$1000.00 (\$500 paid first semester and \$500 paid second semester) toward college/post-secondary education/training.

Recipient selections may be based on financial need, academic ability, service, character, or any combination thereof.

General Instructions:

All applicants must provide the following documents for consideration:

- An accurately typed, signed, and dated Foundation Scholarship Award Application
- An official Bluffs High School Transcript
- A typed 300 words or less essay detailing your post-secondary aspirations and how this scholarship award will help fulfill these dreams
- A letter of recommendation from a high school teacher.
- All documents must be complete and delivered to the central office.

The completed documents must be delivered by the applicant to the Superintendent's Office (in care of the Foundation Scholarship Committee), 100 West Rockwood, Bluffs, Illinois, 62621.

Applications must be fully completed and received in the District #2 Superintendent's Office by **May 1, 2020**.

Applicants chosen to receive awards will be notified at graduation.

**Scott Morgan District #2 Foundation
Scholarship Award Application**

Please complete the following items carefully; errors may result in scholarship rejection.

Name:

Address:

Home Phone:

Date of Birth:

SS#:

Class Rank:

GPA:

Post Secondary Interests/Major:

Complete the following providing years involved for all items. Use reverse side if needed.

Extra-Curricular Activities:

Community Service/Organizations:

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Financial Analysis:

Are you the recipient of any scholarships? No Yes (If yes provide details)

Will you receive or will you apply for any financial aid? No Yes (If yes provide details)

Father (Guardian): Age: Occupation:
Address: City: Zip:

Mother (Guardian): Age: Occupation:

Address: City: Zip:

Father's (Guardian's) present employment-

Mother's (Guardian's) present employment -

Number of dependent (excluding mother and father)-

Number of dependents currently attending college/post-secondary training? -

Explain details for dependents currently attending college/post-secondary training?-

Other Financial considerations (e.g. illness, hardship, etc):

Please print and then sign:

Signed (Father/guardian): _____ Date: _____

Signed (Mother/guardian): _____ Date: _____

Signed (Student/applicant): _____ Date: _____