

PLEASE TYPE OR PRINT CLEARLY

DEADLINE FOR APPLICATION IS:

DEADLINE: DUE TO MR. D BY ~~3/29/19~~ 3/29/19

NAME: _____

SSN: _____

ADDRESS: _____

PHONE: _____

NAME OF HIGH SCHOOL: _____

NUMERICAL AVERAGE: 9TH _____ 10TH _____ 11TH _____ 12TH _____

(TO BE COMPLETED BY COUSELOR)

SCHOOL ACTIVITIES: _____

SPECIAL HONORS: _____

WORK/JOB EXPERIENCE FOR THE LAST FOUR YEARS: _____

COMMUNITY SERVICE: _____

TWO RECOMMENDATIONS ARE REQUIRED: ONE FROM A TEACHER AND ONE FROM A COMMUNITY LEADER OR MINISTER. HAVE EACH PERSON SEND HIS OR HER RECOMMENDATION IN A SEALED ENVELOPE TO YOUR ~~PRINCIPAL~~ Counselor.

ON A SEPARATE PAGE, GIVE A PROFILE OF YOURSELF; WHAT YOU PLAN TO DO AFTER HIGH SCHOOL; WHY YOU ARE SEEKING THIS SCHOLARSHIP; AND WHY DO YOU FEEL THAT YOU ARE DESERVING OF IT. RETURN THIS PROFILE ALONG WITH YOUR APPLICATION TO YOUR ~~PRINCIPAL~~ Counselor.

YOUR ~~PRINCIPAL~~ WILL ASSEMBLE YOUR APPLICATION, YOUR PROFILE AND THE TWO RECOMMENDATIONS FOR DELIVERY TO MOTHERS AGAINST CRIME.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF SCHOOL ADMINISTRATOR

DATE