

Application Form

**NHS SCHOLARSHIP**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

GPA \_\_\_\_\_ Class Rank \_\_\_\_\_ Out of \_\_\_\_\_

How many years have you been a member of NHS?     1     2

What colleges have you applied to?

Accepted

1. \_\_\_\_\_  Yes     No

2. \_\_\_\_\_  Yes     No

3. \_\_\_\_\_  Yes     No

List activities participated in while attending high school: \_\_\_\_\_

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Briefly explain your future plans at this time:

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