Charles Strickland Memorial Scholarship

SCHOLARSHIP APPLICATION

*RETURN TO:*

*Guidance*

*Crystal River High School*

## SUBMISSION INFORMATION

* This scholarship will be due on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* If awarded this scholarship, it will be to assist with needed costs towards attending the College of Central Florida in Lecanto.

## PERSONAL INFORMATION

|  |  |
| --- | --- |
| ITEM | INFORMATION |
| NAME |  |
| PHONE |  |
| ADDRESS |  |
| DATE OF BIRTH |  |
| SOCIAL SECURITY |  |

## HOUSEHOLD INFORMATION

Please provide the following information about the other members of your household.

|  |  |  |
| --- | --- | --- |
| NAME | AGE | RELATIONSHIP |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Are there special conditions affecting the ability of your family to pay for your college expenses, such as illness, support of a relative, or other members of your family attending college while you are doing so?

[ ] Yes

[ ] No

If yes, please describe these conditions.

## LEADERSHIP AND ACTIVITIES

What are your leadership positions and participation in high school activities? List up to four.

|  |
| --- |
| **Signature:** |

[ ]  I understand that checking (clicking) this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.