ADA HIGH SCHOOL ALUMNI ASSOCIATION
SCHOLARSHIP APPLICATION

NAME: _____   S.S.#_____

HOME ADDRESS: _____   DATE OF
BIRTH: _____

_____

PARENT(S)/GUARDIAN(S): _____

ACADEMIC DATA: GRADE POINT AVERAGE: _____
                        ACT COMPOSITE SCORE: _____
                        SAT COMBINED SCORE: _____
                        AHS CLASS RANK _____ OUT OF _____ STUDENTS

LIST ACTIVITIES/COMMUNITY SERVICE/LEADERSHIP AND OTHER
HONORS/ACHIEVEMENTS:

_____

_____

DESCRIBE YOUR EDUCATION AND CAREER GOALS:

_____

_____

HOW DO YOU PLAN TO PAY FOR YOUR EDUCATION?

_____

_____

APPLICANT'S SIGNATURE: _____

DATE OF APPLICATION: _____

** PLEASE INCLUDE A PERSONAL RESUME WITH THIS APPLICATION **

- This is a one-year, non-renewable scholarship
- The scholarship award will be presented at the annual AHS Alumni Association Banquet
- The check will be written to the individual and the educational institution.

Please submit this application the Superintendent's Office.
Deadline: April 1st.

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RECOMMENDATION FOR
ADA HIGH SCHOOL ALUMNI ASSOCIATION SCHOLARSHIP

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1. To be completed by student.

   Name: _____ S.S. #: _____

   Home Address: _____
                                    Street   City   State   Zip
   Telephone #:_____ Date of Birth: _____

2. To be completed by reference:

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<u>EVALUATION</u>
Compared to other college-bound students, evaluate by a check mark, the academic skills and potential of this student.

	No Basis	Below Avg.	Average	Above Avg.	Well Above	Excellent (top 10%)	One of the top few encountered in my career.
Creative, Original thought							
Motivation							
Independent, Initiative							
Potential for growth							
Potential for success at college							
Summary evaluation							

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What are the first words that come to mind to describe the applicant? _____
_____

How many years have you known the applicant? _____

What is your relationship with the applicant? _____

_____   _____
Signature of Reference   Printed Name of Reference

_____
Address of Reference

_____
Phone Number