



501 NE Hood Ave., Suite 210, Gresham, OR 97030-7325 * Phone 503-667-1211

2024 SCHOLARSHIP APPLICATION FORM
Reynolds High School

Name _____

Address _____
(please be sure to include your city and zip code)

Phone _____ Email _____

Father or guardian _____ Phone _____

Occupation and place of employment _____

Email _____

Mother or guardian _____ Phone _____

Occupation and place of employment _____

Email _____

Siblings	Age	Student/working	Dependent on family	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

How long have you attended this high school? _____

For what type of vocation do you wish to prepare? _____

What school or college do you plan to attend? _____ Estimated Freshman expense

1st choice _____

2nd choice _____

3rd choice _____

How much have you saved toward post-high school education? _____

What have you done to help yourself financially in the past 3 years? _____

Own or support a car? _____ Make/model _____ Annual cost _____

Please answer the following questions here, or on a separate sheet:

1. School organizations or teams to which you have belonged:

2. Community service:

3. Office(s) held and/or awards or recognitions earned:

4. Grade point average _____ (Please include a copy of your academic record.)

5. Is there any additional information you would like us to consider in evaluating your application for this scholarship?

6. Using a maximum of 1 double-spaced, typed page, state your goals, personal ambitions, and what you wish to do with your education after graduation. (Include with application.)

Signature: _____ Date _____

IMPORTANT! Please provide the school representative with your application and supporting documents in .pdf or scannable format. Electronic copies of the Application Packets for each Candidate will be provided to each Committee Member.