PCHS GENERAL SCHOLARSHIP APPLICATION

Pershing County High School P.O. Box 990 Lovelock, NV 89419

Name of Scholarship

This application will be used to determine eligibility for various scholarships provided by individuals, organizations and businesses in Pershing County. All information provided is confidential and will be reviewed by scholarship committees for scholarship determination only. This form is to be returned to the counselor's office.

FAMILY INFORMATION		
Applicant's Name:	Date of Birth:	
Social Security Number:	Home Phone:	
Mailing Address:		
Father's/Male Guardian's Name:	Occupation:	
Mother's/Female Guardian's Name:	Occupation:	
Number of Parents Living in Home:	Number of Children Living in Home:	
Number of Children Parents	Who Will Attend College or Trade School Next Fall	
scholarship committee in reviewing your	ircumstances or family situation, which may assist the application.	
ACADEMIC INFORMATION	Class Rank (Update at 7 th semester end)	
ACT Scores: English Math	Reading Science Reasoning Composite	
SAT Scores: Critical Reading Math	Total	
EDUCATIONAL AND VOCATIONAL F	PLANS	
Name of School You Plan to Attend		

Location of School	Tu	ition of School (Per Year)
What Do You Plan to Study	(Major)	
State Your Future Education	nal and Vocational Goals	
INCOME – Total family in	ncome from all sources during the	e previous 12 months (please check one):
Below \$30,000	\$31,000 - \$40,000	\$41,000 - \$50,000
\$51,000 - \$60,000	\$61,000 - \$70,000	Above \$70,000
Attach additional page if necessary li	sting extenuating family circumstances that ma	y assist the scholarship committee in reviewing your application.
		iteer work, etc.)
HONORS WON (academic,	scouting, 4-H, athletic, etc.)	
EMPLOYMENT [type of w	ork, full or part-time, you have had, ar	nd the years (9, 10, 11, 12.)]

PERSONAL STATEMENT (Why should the scholarship committee consider you for this scholarship? Describe what is			
special, unique, distinctive, and/or impressive about you and your life story.)			
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I have read the above scholarship application and certify that the infealse statements or misrepresentations of this form may be grounds for my child applying for scholarships available through the PCHS Schothe school to release copies of school records, transcripts, and ACT at the application.	or scholarship cancellation. I approve of blarship Program. Furthermore, I authorize		
Student Signature	Date		
Parent/Guardian Signature	Date		