



SENIOR EDUCATION SCHOLARSHIP APPLICATION

Please include your most recent transcripts.

721 W 21st Street, Connersville, IN 47331 | (765) 827-1366 | edg@edgconnersville.com

Applicant Name:	
Connersville Address:	
Connersville Phone #:	Current Degree Program:
School Phone #:	Current GPA:
School Address:	Anticipated Graduation Date:
Future School Attending:	Future Course of Study:
<i>If financially supported by a parent/guardian, please complete the following.</i>	
Parent/Guardian's Name:	Parent/Guardian's Employer:
	Parent/Guardian's Wages: \$ _____/hour
Parent/Guardian's Name:	Parent/Guardian's Employer:
	Parent/Guardian's Wages: \$ _____/hour
Number of Siblings at Home:	Their Age(s):
Number of Siblings in College:	Name of College(s):
Are you employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, where and for how long?
	Your Wages: \$ _____/hour
<i>If not financially supported by parent/guardian, please complete the following.</i>	
Spouse's Name:	Spouse's Place of Employment:
	Spouse's Wages: \$ _____/hour
Number of Children at Home:	Their Age(s):

Please return this form to the Connersville UEA/EDG at 721 W. 21st Street.



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Number of Children in College:	Name of College(s):
Are you employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, where and for how long?
	Your Wages: \$ _____/hour
Describe your participation in school organizations:	
Describe your participation in extracurricular activities:	
Describe your participation in organizations and activities outside of school:	
Describe your plans upon graduation:	
Do you plan to return to Connersville to work? Yes <input type="checkbox"/> No <input type="checkbox"/>	
How or where do you see yourself in 5-10 years?	

ESSAY: Please attach a brief essay telling what you would like us to know about you that has not already been covered in the application and explain why you should be awarded this scholarship.

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