Grant Application

Name Of Student _____ Telephone _____

Address

_____

Father's Name _____ Employment

_____

Mother's Name _____ Employment

_____

Ages of Siblings

_____

Is any member of your family Disabled? _____ If so, explain

_____

_____

_____

Is any member of your family a veteran of the U.S. Armed Services? (Parents, Grandparents, Siblings)

_____

_____

If so, list Name and Branch of Service.

_____

What type of training or skill do you expect to obtain? _____

_____

Where have you been accepted?

_____

Special needs Yes or No: if yes
explain_____

_____

_____

Outline of participation in activities and organizations during your high school years. (attach sheet)

Outline Community Involvement Activities. (attach sheet)

Statement of Life Goals. (attach sheet)

LIST TWO (2) CHARACTER REFERENCES

Name_____ Phone #

_____

Name _____ Phone #

_____

LIST YOUR TEACHERS AND STAFF REFERENCES

Teacher Name _____ Phone#

_____

Teacher Name _____ Phone#

_____

Staff Member _____ Phone #

_____

DEADLINE: MUST BE RECEIVED BY

Contact Ms. Batten by Monday, May 9