

# Aland Scholarship Application

Name \_\_\_\_\_ Social Security \_\_\_\_\_

Phone Number \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

High School \_\_\_\_\_ Graduation Year \_\_\_\_\_

G.P.A. \_\_\_\_\_ Major Field of Study \_\_\_\_\_

On a separate sheet of paper, answer the following questions. Please type.

- List all community and school involvement: leadership, honors, awards, organizations.
- How do you plan to finance your education? Please elaborate.
- What are your educational and career goals, and how do you intend to achieve them?
- What makes you an outstanding scholarship applicant?

**\*\*Transcripts must be submitted with application to be considered.  
Return application to the Counselors office by April 1.**