

*RACHAEL G. RICHARDSON SCHOLARSHIP
APPLICATION FORM*

STUDENT NAME: _____

PARENT /GUARDIAN NAME: _____

HOME ADDRESS: _____ (CITY) (ST) (ZIP)

GRADE POINT AVERAGE: _____ ACT COMP SCORE: _____

CLASS RANK: _____ CLASS SIZE: _____

HIGH SCHOOL ACTIVITIES - LIST ALL OFFICES YOU HAVE HELD OR LEADERSHIP ROLES YOU RAVE

LIST ACADEMIC AWARDS AND HONORS YOU HAVE EARNED:

FUTURE PLANS AND GOALS:

WORK EXPERIENCE/VOLUNTEER WORK: (LIST MOST RECENT FIRST)

1. PLACE OF EMPLOYMENT _____
SUPERVISOR AND RESPONSIBILITIES _____

- 2 PLACE OF EMPLOYMENT _____
SUPERVISOR AND RESPONSIBILITIES _____

3. PLACE OF EMPLOYMENT _____
SUPERVISOR AND RESPONSIBILITIES _____

PLEASE LIST OTHER FINANCIAL AID OR SCHOLARSHIPS WHICH YOU HAVE BEEN AWARDED:

PLEASE INDICATE THE NAMES OF THE INSTITUTIONS TO WHICH YOU HAVE BEEN ACCEPTED FOR NEXT YEAR:

BRIEFLY EXPLAIN WHAT RECEIVING THIS AWARD WOULD MEAN TO YOU:

DATE

APPLICANT SIGNATURE

APPLICANT SOCIAL SECURITY NO.