

Sharp Trust Scholarship Application

Name of High School: _____

Choice of College _____ Intended

Major _____

List of other scholarships /grants applied

for _____

****Personal Data****

NAME: _____ XXX-XX-_____

Gender _____
Last First M.I. Social Security# Date of Birth

Address: _____ Telephone# _____ Email _____

**** Family Information ****

Parents (Check if Living) Father () Mother () Stepfather () Stepmother ()
Parents Divorced/Separated () Student has legal guardian ()
Parent Disabled: (Explain) _____

Number of Children: Brothers (Older) _____ (Younger) _____ Sisters (Older) _____ (Younger)

Number (including yourself) who will be in College or Technical School next year: _____

Father, Stepfather, Guardian:

Mother, Stepmother, Guardian:

Name: _____ Age: _____
_____ Age _____

Name:

Home Address: _____

Home

Address: _____

Specific Occupation: _____
Occupation: _____

Specific

Employer: _____
Employer: _____

**** Personal Statement (Attach)****

I. In your own words, advise why you need financial assistance to attend college.

II. Write or type a statement regarding any information which you would like the Trustees to consider in evaluating your application. List any extra-curricular activities, honors, awards won, offices held, employments etc.

Note: These statements are used as a part of the selection criteria.

I Authorize the release of any information relevant to my application for this scholarship and I certify that all information given on this application is true and complete to the best of my knowledge. I also request that my high school submit a copy of my transcript and other academic information to the Robert G. Sharp Trust.

Applicant

Parent or Guardian

Date

Return this application to your high school guidance counselor by March 15.

To be completed by the Principal Or Counselor and returned to the Sharp Trust Scholarship, Post Office Box 66, Athelstane, WI 54104 by April 1

A copy of the student's transcript to be attached to the application form. Please complete the following information:

Student Ranks _____ in a class of _____ based on (6) (7) semesters (cross out one)

If test scores are available: ACT Composite _____, GPA _____

Comments:

REVISED August 3, 2024

Principal or Counselor

Date