

CHS Scholarships

Return to scholarship office in the counseling center by April 12th

Clinton City General Scholarship Application

Name _____ Date _____

Address _____

Home Phone _____ Cell Phone _____

Parent or Legal Guardian _____

GPA _____ ACT Score _____

Have you been accepted to a college or university? YES NO

What college or university will you be attending? _____

What are you planning on majoring in? _____

Have you received any other scholarships? YES NO

If yes, please list them:

Please list any extracurricular activities, community service, awards, achievements and interest you have been involved in. (Attach extra page if necessary)
