

CHS SPECIFIC SCHOLARSHIP

Please return to the scholarship office in the counseling center by April 12th

Lifetime of Learning
\$500 Lifetime Products Scholarship

Student Name_____ Contact Phone#_____

Part 1 – School Information

Cum GPA_____ Highest ACT Score_____

Identify the college that you will be attending._____

Are you a first-generation college student? _____

Please attach a resume listing your academic achievements, extra-curricular activities, and leadership opportunities.

Part 2 – Needs Assessment

Have you received any scholarships? If so, please identify them._____

Please explain why you need and deserve this scholarship. You may attach an additional page if necessary.

Part 3 – College Preparation

Please attach a letter of recommendation from one of your teachers that demonstrates your readiness for college and your ability to succeed at school.

Part 4 – Submit Application

Please submit this scholarship application, a copy of your transcript, letter of recommendation and resume to the scholarship office in the counseling center by April 12th.