

A P P L I C A T I O N
ROBERT GREGORY SWEDO MEMORIAL SCHOLARSHIP
FOR CONTINUING EXCELLENCE

PERSONAL INFORMATION:

Name: _____
Last First Middle

Address: _____
Street City Zip Code

Telephone: _____ Date of Birth: _____ Social Security No: _____
Month Day Year

SCHOLASTIC INFORMATION:

High School Attended: _____

Date of Graduation: _____

Rank in Class after seven semesters: _____ Grade Point Average after seven semesters: _____
Unweighted Weighted

FINANCIAL NEED: (Information provided will be kept strictly confidential.)

How do you plan to finance your education? Please explain. (parents' contribution, your contribution, etc.)

List any special circumstances that make your need for this scholarship exceptional.

ACTIVITIES:

List your academic-related or extracurricular activities at school, employment, and community service. Include honors and awards received, if any.

| Activity | Year | | | | Position, Held, Honor, Distinction or Award |
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COLLEGE AND CAREER PLANS:

1. To which colleges or schools have you applied? Please check (click in the box) any schools where you have already been accepted.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

2. What is your proposed major?

3. Please complete the attached essay. (see last page)

STATEMENT BY APPLICANT:

I certify that the information on this application, to the best of my knowledge, is correct.

| | |
|-----------------------|-------|
| _____ | _____ |
| Applicant's Signature | Date |

Submit Application To: Your Guidance Counselor

DEADLINE DATE FOR APPLICATION: April 4, 2005

Thank you for applying for the Robert Gregory Swedo Memorial Scholarship. Our Scholarship Committee will carefully consider your application. Congratulations on your upcoming graduation and best wishes for the future.

