

CHERYL T. LEE SCHOLASTIC AWARD

Eligible candidates are female senior high school students pursuing secondary education at an accredited two-year or four-year college or university, business school, school of nursing, technical school or vocational school. The award will be \$1000.00 payable after presentation of evidence of registration. Please submit application to your Counselor by April 29, 2020.

FAMILY FINANCIAL STATEMENT (To be completed by parent or guardian)

PLEASE TYPE OR PRINT IN DARK INK

STUDENT'S NAME: _____

1. Please list below all children's ages without giving names. Please indicate current grade level and whether currently attending post-high school institution.

2. For children attending post-high school institutions, list approximate expenses for each:

3. a. Father's or Guardian's Gross Income _____
 Father's or Guardian's Net Taxable Income _____
- b. Mother's or Guardian's Gross Income _____
 Mother's or Guardian's Net Taxable Income _____

4. Please explain any special family circumstances that you feel the Committee should know about:

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PERSONAL STATEMENT

5. Write a short essay on your educational plans.

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APPLICANT RESUMÉ

6. List all school activities in which you have participated. Indicate any elected office. List in order of importance.

Grade 9

Grade 10

Grade 11

Grade 12

7. List all activities within the community in which you participate. (Hospital, Nursing Home Volunteer, Church Volunteer, Special Olympics, Boy/Girl Scouts, Leo Club, etc.)

Indicate the amount of time spent each week.

8. List any after school and summer employment. Indicate places, dates and amount of time spent each week.

Ruled lines for writing the response to question 8.

9. List the schools to which you have applied. Indicate if you have already received acceptance.

Ruled lines for writing the response to question 9.

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SCHOOL STATEMENT

The applicant ranks _____ in a class of _____ students.

Unweighted Average _____ Weighted Average _____

SAT: Verbal _____ Math _____

Documented Community Service Hours _____

GUIDANCE COUNSELOR RECOMMENDATION/STATEMENT:

Guidance Counselor /Date

Official School Seal: