**CAMPBELL COUNTY HIGH SCHOOL**

**2017 GENERAL SCHOLARSHIP APPLICATION FORM**

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| --- | --- |
| **SCHOLARSHIP NAME:** | **SCHOLARSHIP #:** |

|  |  |
| --- | --- |
| **STUDENT’S NAME:** | |
| **ADDRESS:** | **PHONE #:** |
| **FATHER’S NAME:** | **EMPLOYER:** |
| **MOTHER’S NAME:** | **EMPLOYER:** |

|  |  |
| --- | --- |
| **COLLEGE CHOICES:**  **(list most likely to attend first)** | **CITY AND STATE** |
| **1.** |  |
| **2.** |  |
| **3.** |  |

|  |
| --- |
| **Major:** |

|  |
| --- |
| **AWARDS, ACHIEVEMENTS, HONORS, ETC: (attach an additional page if needed)** |

*I acknowledge that I meet the criteria necessary to apply for this scholarship and that all the information I have provided is correct and true.*

|  |  |
| --- | --- |
| **Student’s Signature** | **Date** |