**CAMPBELL COUNTY HIGH SCHOOL**

**2017 GENERAL SCHOLARSHIP APPLICATION FORM**

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

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

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

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| **Major:**       |

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| **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.*

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