

Scholarship Information Form

Student: _____ **Date:** _____
Last Name First Middle

Address: _____

Home Phone: _____ **Student Cell Phone (if applicable):** _____

Student E-Mail Address: _____

Parent/Guardian Name(s): _____

Address (if different from above): _____

Home Phone (if different from above): _____ **Parent E-Mail:** _____

Parent Cell Phone (if applicable): _____ **Parent Cell Phone:** _____

Parent Work #: _____ **Parent Work #:** _____

We have access to the Internet at (circle all that apply): Home School Work Other: _____

Student Checks E-mail (Mark One): Daily _____ Several Times Weekly _____ Monthly _____ Rarely _____

Parent Checks E-mail (Mark One): Daily _____ Several Times Weekly _____ Monthly _____ Rarely _____

Level of Interest in Applying For Scholarships (Mark One): High _____ Medium _____ Low _____

We expect to be eligible to apply for scholarships based on need (Mark One): Yes _____ No _____

Colleges of interest: _____
1st Choice 2nd Choice 3rd Choice 4th Choice

Do you know how to apply for scholarships at the above colleges? _____

Have you visited any colleges? _____ **If Yes, which ones?** _____

Scholarships You For Which You Would Like to Apply: _____

How many times have you taken the SAT so far? _____ **ACT?** _____

What is your best SAT score so far? _____
Math Critical Reading/Verbal Writing

What is your best PSAT score? _____
Math Verbal Date Taken

Have you visited our scholarship website www.GastonCountyScholarships.com? Yes _____ No _____