

LINNEUS SCHOOL ALUMNI

\$300.00 Scholarship

General Information

Name:

Date:

Address:

Phone:

Parent/Guardian Name:

Financial Need

Explain elements of financial need:

Citizenship

List all school activities and sports in which you are/were involved:

List all church and community activities in which you are/were involved:

List any honors or awards you have received:

Please explain why you feel you should receive this scholarship:

Briefly describe your career objectives:

Signature

Date

LINNEUS ALUMNI SCHOLARSHIP
\$300.00

Information to be supplied by counselor or principal:

This is to certify that the above applicant ranked _____ on the first seven semesters of work in a class of _____ seniors. Date of high school graduation will be _____. The applicant has taken the following college aptitude test under the Missouri Statewide Testing Program:

<u>Name of Test</u>	<u>Form No.</u>	<u>Raw Score</u>	<u>Date Tested</u>
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The committee would appreciate a brief statement concerning your evaluation of this applicant's citizenship and worthiness for scholarship consideration. Thanks.

Date: _____

Counselor or Principal