

Applicant's Name _____

Social Security Number _____ Telephone _____

Program _____

Home High School _____

Cumulative GPA: _____

School/Program to be attended this fall: _____

What are you studying and why?

Where do you hope to be in your career in five years?

If I am chosen as the recipient of this scholarship, I understand that the funds will be awarded only after I am enrolled in a post-secondary program. If I do not attend such program, the award will be given to an alternate winner.

Student Signature

Parent/Guardian Signature

Leanna Beth Anderson Scholarship Form

This student has applied for a scholarship from the Hoosier Hills Career Center. Please provide the following information in regard to the applicant's qualification for the scholarship.

1. How long have you known the applicant? _____
2. How many absences has the student had during his/her senior year? _____
Semester 1: _____
Semester 2: _____
3. Student's cumulative GPA? _____

Please rate the applicant according to the following:

Low (1-2) Average (3-4) High (5)

Positive relationships with peers:

Helpful in Classroom

Leadership & Initiative

Good Work Ethic:

Initiative

Dependability

Thoughtful

Responsible

Problem-Solving Skills

Any Additional Comments:

Instructor Signature

Date