

Scholarship Application



PLEASE PRINT

*P.O. Box 487, Pryor OK 74362
918-825-7040*

Name: _____ SS# _____ / _____ / _____
(Last) (First) (MI)

Age: _____ Single Married

Home Address: _____

(City) (State) (Zip)

Phone: _____

Name of Program in which you are enrolled: _____

Date you started in the program: _____

Date of graduation from high school: _____

Name of High School: _____

List educational expenses: _____

Total amount of scholarship funds you are requesting: \$ _____

Do you live with your parents? No Yes

If Yes, Parents' Total Income: \$ _____

Student's Employer: _____

Hourly Wage: \$ _____ Number of Hours Worked Per Week: _____

If Married, Spouse's Employer: _____

Hourly Wage: \$ _____ Number of Hours Worked Per Week: _____

Number of Family Members: _____

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Have you applied for or received scholarship(s) or other assistance? Yes No If Yes, give name of scholarship(s) or other assistance and dollar amount received. _____

What circumstances dictate your financial need for scholarship assistance: _____

I hereby certify that the preceding information is correct to be best of my knowledge. Incomplete information may jeopardize this application being considered.

Date: _____ Applicant=s Signature: _____

(If under the age of 18) Parent or Legal Guardian=s Signature: _____

(For Committee Member Use Only)

Dollar Amount Approved: \$ _____

Apply Amount To: \$ _____ Books
\$ _____ Uniforms, Supplies
\$ _____ Other: _____

Approved: Yes No _____
Approved by Student Services Director Date

Yes No _____
Approved by Financial Aid Coordinator Date