

NORWAYNE EDUCATION SUPPORT STAFF SCHOLARSHIP

Application due March 15th

Name: _____ Phone: (____) - _____

Home Address: _____

Email Address: _____ Grade Point Average _____

College or Technical School planning to attend: _____

Intended Major: _____

Have you received, or are you being considered for any other scholarships?

Circle One: Yes or No If yes, what is the anticipated amount: \$ _____

Are you planning on taking out a loan to help pay for college? Circle one: Yes or No

Without financial aid, what is the cost of attending this college per year? \$ _____

How many brothers, sisters, or other relatives do you have living at home who are at least partially supported by your parents? _____

What activities have you been involved in while attending Norwayne?

Please list your community service involvement:

Please also include:

- A transcript of your grades from high school, including any ACT/SAT scores

*GPA is not a determining factor or pre-requisite

Signatures:

Signature of Student

Signature of Parent

Return completed application to Norwayne High School Guidance Counselor by March 15th

** Recipient of this award will have award deposited directly in to post-secondary school account.