

The Charity Challenge of Champions
Scholarship Application
Seniors
Deadline: April 15, 2011

1. Student Information:
 - a. Name _____ Sex: M F (circle One)
 - b. Address _____ City, State, Zip _____
 - c. Home Phone _____ Date of Birth _____ Soc. Sec. # _____

2. Parents or Guardian Information:
 - a. Father/Step Father/Guardian _____
 - b. Place of Employment _____
 - c. Address _____
 - d. Business Phone _____ Occupation or Title _____
 - e. Mother/Step Mother/Guardian _____
 - f. Place of Employment _____
 - g. Address _____
 - h. Business Phone _____ Occupation or Title _____
 - i. Do both parents live in home? _____

3. List brother/sisters- indicate if they live in same household. Live at Home?
 - a. _____ age _____ School/Occupation _____
 - b. _____ age _____ School/Occupation _____
 - c. _____ age _____ School/Occupation _____
 - d. _____ age _____ School/Occupation _____

4. List any other person living in your home or other persons your family supports.
 - a. _____
 - b. _____

Student's signature _____ date _____

Parent or guardian signature _____ date _____

Names of students parents guardians or other family members should not appear on any other page of this application.

Student Number _____ (for evaluators' use only)

1. State your plans following graduation from High School.
Name of College: _____ Accepted? _____
- First Choice _____
- Second Choice _____
- Third Choice _____

2. Field of Study: _____

3. List estimated expenses for your first year at your first choice college.

- a. Tuition _____ Books and school supplies _____
- b. Room & Board (on campus) _____
- c. Or Commuting Expenses _____

4. Extra Curricular Activities in which you participated while in High School.

School Related Activities:

Activity/Club/Office/Honor/Award

of Years/Grade level

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Community Involvement Activities:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Hobbies and Leisure Time Activities:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Student Number _____ (For Evaluators' use only)

5. **Work Experience: Summers**

Place of Employment	Dates of Employment	Full or Part Time?
_____	_____	_____
_____	_____	_____

6. **Work Experience: School Year**

Place of Employment	Dates of Employment	Full or Part Time?
_____	_____	_____
_____	_____	_____

7. **Financial Information:**

a. Combined Annual Salaries of Parents (from previous year's tax forms):

b. Other Family members attending college/Training schools:

c. Parent: Give any information you would like to volunteer regarding your financial situation or family circumstances which would be helpful to the scholarship donors when considering your son/daughter for a scholarship. This scholarship is partially based on financial need. This statement will be kept confidential and be seen only by the selection committee members. Your signature for this statement is on the front cover page and indicates that all information you have provided is truthful and complete.

8. Parent: Please provide any additional information regarding your son or daughter which may influence the committee's decision regarding the scholarship. This should be information which has not been fully covered by the questions on this application.

Student Number _____ (For evaluators' use only)

9. Scholastic Record: (to be completed by School Scholarship Coordinator or School Counselor)

Rank in class _____ out of _____ students.

GPA _____

Number of Honors Classes taken: Sophomore _____ Junior _____ Senior _____

ACT: Eng _____ Math _____ Reading _____ Science _____ Comb _____

SAT: Verbal _____ Math _____ Comb _____

Coordinator or Counselor Signature _____

Title _____

10. References:

- a. Give the names of three (3) persons, not related to you who may be used for references. One must be a teacher, counselor or school administrator.

Name	Occupation	Phone
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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11. Personal Letter:

Attach a personal letter of approximately 100 words in which you discuss your ambitions and future plans. Do not use your name on this personal letter. Please type your letter.

12. Transcript:

Have your Scholarship Coordinator attach a copy of your transcript to this application.

13. Please read the following statements carefully. Your signature and the signatures of your parents/guardians on the front cover of this application indicate that you have both read and understood the following statements.

Many of the scholarships require criteria of conditions to be met by the recipient. Changing your college may result in the termination of your scholarship. If you are awarded this scholarship, contact the high school office before making any changes. You should understand that these scholarships are to be used for the first two semesters of college and that you are expected to remain in school for at least that long. Should you decide to leave college without completing a semester, you could be asked to repay any scholarship money used in the incomplete semester. Information about any of these possible changes will be conveyed to the Scholarship Donors.

Certification: I certify that to the best of my knowledge, the information of this application is accurate and complete and that the signatures on the front cover page of the application are valid. I understand that should either signature be found invalid, my application will be removed from consideration for this scholarship. I also certify that both, I and my parent or guardian, understand that the information contained in this application will be made available to the donors, including all information on my transcript.