



CUNDIFF SCHOLARSHIP FUND
RETURN TO SCHOOL COUNSELOR

Cundiff Scholarship Fund Application

NO APPLICATIONS WILL BE CONSIDERED AFTER DATE DUE.
CHECK WITH SELECTION COMMITTEE AT YOUR SCHOOL FOR THEIR OFFICIAL DUE DATE.

Date: _____

Name: _____

Address: _____

City, State, and Zip: _____

Phone: _____

Date of Birth: _____

1. Family – Parents and Siblings

Names of parents and relationships of other persons residing in home (State ages of brothers and sisters, if any.)

Names	Relationships	Age

Occupation or Occupations of Parents:

2. Education

Class rank _____

Grade Point Average _____

Type of School	Name of School and Complete Mailing Address	No. Years
Current High School		
Other High Schools Attended, If Applicable		

3. Extra-Curricular Activities and Year(s):

4. Community Activity/Activities and Year(s):

5. Hobbies:

6. Employment – List any Employment you have or have had

Name of Employer (Company): _____

Dates of employment:

From: _____ To: _____

Name of Employer (Company): _____

Dates of employment:

From: _____ To: _____

Name of Employer (Company): _____

Dates of employment:

From: _____ To: _____

7. Provide a statement in the space below in which you address the role that your Community and School have played in your past, your present, and will play in your future. (Can type and attach if needed.)

8. Provide a statement as to why you feel you have financial need for this scholarship. (Can type and attach if needed.)

Signature _____ Date _____