BELMONT LOCAL SCHOLARSHIP APPLICATION

Name of Scholarship: Applicant's Name: Address:			
G.P.A.:		Class Rank:	
1.) What are your (career goals after hig	gh school?	
2.) What are your i	nterests and hobbies	s?	
3.) Please describe	e your greatest streng	gth and biggest weakne	ess.
4.) Why do you fee	l that you are a worth	ny recipient of this scho	larship?
5.) How has your influenced your		lmont community and s	chool
•		endation with your app n outside of the acader	
average, class standing, trai	nscript, etc.) to the scholars	opriate information (for examp ship selection committee as we e student, have been the sole w	ll as the represented
Rehabilitation Act of 1973, ar	nd Title VI and VII of the Civ te on the basis of handicap	ments of 1972, Section 504 of th vil Rights Act of 1964, Belmont C o, sex, race, color, religion, or no ss, or employment practices.	Community School
Applicant Signature:_		Date:	
Parent/Guardian Sian	nature:	Date:	