

CEA SCHOLARSHIP APPLICATION

STUDENT MUST FILL IN ALL ITEMS ON THE APPLICATION. THE APPLICATION WILL NOT BE CONSIDERED UNLESS ALL INFORMATION REQUESTED IS COMPLETE.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HIGH SCHOOL YOU ARE CURRENTLY ATTENDING: _____

HIGH SCHOOL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

GUIDANCE COUNSELOR: _____

EXTRA CURRICULAR ACTIVITIES: _____

SCHOOL PLANNING TO ATTEND: _____

HAVE YOU BEEN ACCEPTED AT THE ABOVE NAMED SCHOOL? _____

APPLICANT'S RELATIONSHIP TO CEA MEMBER: _____

NAME OF CEA PARENT: _____

SCHOOL OR DEPARTMENT WHERE CEA MEMBER WORKS _____

ON A SEPARATE SHEET OF PAPER WRITE OR TYPE A STATEMENT EXPLAINING WHY YOU ARE DESERVING OF THIS SCHOLARSHIP: *(Staple the statement to the application)*

The statements on this application are true to the best of my knowledge and belief.

Date _____ Signature (student's) _____

The following information must be verified by your guidance counselor:

Has student fulfilled her/his requirements for graduation by June of this year? _____

Signature of counselor _____