OPTIMIST CLUB of HERNANDO SCHOLARSHIP APPLICATION

NAME:			
LAST	FIRST	MIDDLE	
ADDRESS:			
Email:			
CELL:			
DATE OF BIRTH:			
NAME OF HIGH SCHOO	L:		_
DATE OF GRADUATION	:		<u> </u>
ACT SCORES:			
COUNSELOR'S SIGNATU (Certification of ACT and C	URE: GPA)	DATE	_
separate sheet, if needed)	,	CEIVED, MEMBERSHIP IN A	`
What institution of higher lea	arning do you plan to attend	d and what is your major area o	f educational interest?
Please list below extracurricusheet if needed)	ılar activities, community	services activities and any volui	nteer work. (Use separate
Please list each member of y	our household and their rel	lationship to you.	

Please give the approximate amount of your family s total nousehold income.
Please list any scholarships, grants or other types of financial aid that you have received or for which you have applied and been granted.
Why should you receive this scholarship?
Are you or have you been a member of a Junior Optimist Club or Octagon Club? (if so when and where)
Are your parents a member of the Optimist Club or have they ever been a member? (if so, when and where)
WITH MY SIGNATURE, I ATTEST THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT
Signature of Applicant Date

Please attach to this application letters of recommendation and endorsement from any two of the following:

- 1. High School Teacher who has taught you in class.
- 2. High School Sponsor or Coach of an extracurricular activity
- 3. An adult who is not a member of your family

The application, signed by your high school counselor and letters of recommendation must be returned to Optimist Club of Hernando **no later than April 29, 2024**.

Optimist Club of Hernando PO Box 532 Hernando MS 38632