

Carroll County Soil & Water Conservation District 2017 Scholarship Application-Due March 31, 2017



Name:					
Address:					
City, State, ZIP:					
Home Telephone #:					
High School Information					
					—
Date of Graduation:		_	of		—
List any extra-curricular activi	ties that you hav	e been involved v	ith (including scho	ool & community):	
					—
					—
					_
					_
College Information					
Name of college you will be a	ittendina:				
Address of college:					
Have you been accepted for a	admission?	yes	no		_
Major course of study:		•			
Explain why you chose your r					
Explain why you onose your i	<u></u>				
Please state your career obje	ective:				
Theads state your surser says					
Employment					_
Place of Employment	Type of	Work	Dates Employ	<u>red</u> <u>Supervisor</u>	

Family Information					
Father/Guardian's Name:					
Address:					
City, State, ZIP:					
Current Employer:					
Position held:					
Mother/Guardian's Name:					
Address:					
City, State, ZIP:					
Current Employer:					
Position held:					
Family Financial Status: Income:					
Expenses:					
Siblings:					
Name:	Age:				
Name:	Age:				
Name:	Age:				
Name:	Age:				
Name:	Age:				
References					
Attach two letters of recommendation:					
 One letter must be from a teacher 					
 One letter must be from a priest, pastor, previous or current employer, or 					
professional person	professional person				
Attach an official transcript of grades from your high school.					
Attach a separate sheet explaining any special circumstances which will enable the directors to better understand any special needs that you may have.					
I certify that the above information that I have provided is true to the best of my knowledge. I understand					
that falsifying any of this information will result in my disqualification from the consideration of this award.					
Signed:	Date:				