Scholarship Application



Applicant Information

Name:					
Date of Birth:	Email:	_ Home Phone #:			
Applicant's or Parent/Guardian's OHCU Membe	r#:				
Street:					
City:	State:	_ Zip:			
Parent/Guardian Information					
Name:					
Email:		_ Home Phone #:			
Street:					
City:	State:	_ Zip:			
Number of Dependent Children (excluding you	rself):				
Education Information					
High School:		Graduation Date:			
GPA:	ACT/SAT Score:				
Name of College/University you will you will att	tend:				
Street:					
City:	State:	_ Zip:			
Anticipated Annual Cost:					
School Type (Select One): 2-Year Community/Junior College 4-Year College/University					
Expected Major:					

Other Scholarships (received or pending, please include \$ amount):

Activities Information

of the Activity	Awards/Honors Received	Years Anticipated	Faculty Advisor
say [*]			
•	y 500 words) that discusses the follow	ving:	
hy are you applying for this sch	olarship and what are your future go	als?	
plication Checklist			
-	only after you have submitted the fol	lowing*: *Pleas	e return all items a
application becomes complete	only after you have submitted the fol		e return all items a ime to your closest
application becomes complete	only after you have submitted the fol	one t	ime to your closest ickory Credit Unior
application becomes complete Application Form		one t Old H Bran	ime to your closest ickory Credit Unior ch location before
Application Form Essay Sealed High School Transcripts		one t Old H Bran	ime to your closest ickory Credit Unior

and publications they choose, should I be chosen to receive the scholarship.*

Signature:	Date*:	
3		