

First Citizens' Scholarship Application

NAME: _____

ID: _____ VOCATIONAL PROGRAM: _____

CLASS RANK: _____ GPA: _____

First Citizens' Member: Name on account: _____

Relationship: _____

COLLEGE OR UNIVERSITY ENROLLED: _____

COST PER YEAR: _____ FAFSA ___yes ___no EFC_____ Awarded letter ___yes ___no

**SCHOOL
ACTIVITIES** _____

COMMUNITY ACTIVITIES: _____

AWARDS: _____

PERSONAL INFORMATION:

Number of children in the family (at home): _____

Father's Name: _____ occupation: _____

Mother's Name: _____ occupation: _____

Student's occupation at present: _____

RECOMMENDATION: _____

ATTACH TRANSCRIPT

Deadline: April 1, 2019

Return to: Guidance Office – Mrs. deAlmeida

Counselor Signature

First Citizens'
Scholarship

Deadline: April 1, 2019

Please return Scholarship application to:
Guidance Office - Mrs. deAlmeida