

BERLIN CENTRAL SCHOOL DISTRICT SCHOLARSHIP APPLICATION

Please forward completed form to:

Rachel Harrison
Guidance Office
Berlin MS/HS
PO Box 259, Berlin, NY 12022

DEADLINE: Thursday, May 23, 2024

PLEASE TYPE OR PRINT CLEARLY

Student Information

Name: _____ Date of Birth: _____

Address: _____
LAST FIRST MIDDLE INITIAL Phone Number: () _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: () _____

Family Information

Father's Occupation: _____ Employer: _____

Mother's Occupation: _____ Employer: _____

Family Gross Income: (include all sources such as wages, Social Security, retirement, pension, disability, etc.) \$ _____

Number of Children at home: _____ Number in College next semester: _____

Educational Plans

University Attending: _____ Major: _____

Professional Goal: _____ Commuting: (Yes/No) _____

Cost per year: (Include tuition, room & board, books, transportation, fees) \$ _____

Awards already received or Major Sources of Funding Expected:

Academic Scholarships: \$ _____ Athletic Scholarships: \$ _____

Other Financial Aid/Grants: \$ _____

Special Circumstances making assistance necessary: (Yes/No) _____ (If yes explain in separate letter)

PLEASE STATE WHY THIS SCHOLARSHIP WOULD BE USEFUL TO YOU:

Applicant Signature: _____ Date: _____

Parent Signature: _____ Date: _____