HAWTHORNE CHARITABLE TRUST

SCHOLARSHIP APPLICATION

Date	Name				SSN:		
	Last		First	Middle			
Phone		Address					
		Stre	eet	(City	Sta	te Zip
How long ha	ve you resided at cu	rrent address	Da	ate of Birth	Place of	Birth	
Date of gradu	uation	_ High school na	ame		City		
Expected star	rt date of college	Col	lege/schoo	ol choice 1 st			
2^{nd} (only if application	able)	College ma	aior	Minor		4vr	2vr
Technical/vo	cational course of s	tudy		4yr	2	yr	
	recognition did you eets if necessary)						
church, etc.). (Attach addit	curricular activities Note level of parti ional sheets if neces	cipation (i.e. lead	ership role	es, general member	rship, comm	ittee mem	ber, etc.)
	bies, special interes						
List summer	employment. If ne	ver employed, list	what you	did during summe	er vacation		
What do you	expect to do this su	mmer?					
If you worke	d after school or on	weekends while	in high sch	nool, list names of	employers a	nd type of	work

Have you saved any money toward your college/technical school education? If so, how much?

Have you received any other scholarship or grant for your post high school education? If so, how much and from whom?

Do you receive any benefits from Social Security, Veteran's Administration, or other resources? If so, how much and from whom?

Will you need to work part time in order to attend college/school?

Why do you think you need this scholarship? (Attach additional sheets if necessary)

On the back of this application write in your own handwriting a short description of your career aspiration, what your plans are to reach this goal, and what is motivating you towards this direction. (Attach additional sheets if necessary.)

Attach a current copy of your high school transcript and a recent photograph. Include your name on the back of photograph.

A recipient of Hawthorne funding is free to select any accredited college or university in **Missouri** and any course of technical or academic study leading to an academic degree or one in a specified skill program area.

Student's signature _____ Parent/guardian's signature _____

Note: Applicant's signature and/or parent/guardian's signature will be considered permission to release this information below.

To be completed by a school official

Class rank _____ Quartile _____ SAT score _____ ACT score _____

Composite 4-yr. grade _____

School official's signature _____

Class Rank = Applicant's numerical ranking/total number of students in graduation class.

THIS INFORMATION IS CONFIDENTIAL

Application Deadline: March 15th