



GRANTS PASS HIGH SCHOOL

APPLICANT INFORMATION

Name: _____

(First Name M.I. Last Name)

Address: _____

(Street, City, State, Zip)

Phone Number: _____ Email Address: _____

Date of Birth: _____ Age: _____

EDUCATIONAL BACKGROUND

Test Scores

SAT: reading/writing ___ math ___ ACT composite: ___

Career Plans

What is your field of study: _____

In order of preference, what college do you plan to attend?

1st School: _____ Status: Applied Pending Accepted

2nd School: _____ Status: Applied Pending Accepted

PERSONAL & FINANCIAL INFORMATION

Parental Status

WHO IS CONSIDERED A PARENT? "Parent" refers to a biological or adoptive parent. Grandparents, foster parents, legal guardians, older siblings, and uncles or aunts are not considered parents on this form unless they have legally adopted you.

If your legal parents are living and married to each other, answer the questions about both of them.

If your legal parents are not married and live together, answer the questions about both of them.

In case of divorce or separation, give information about the parent you lived with most in the last 12 months.

If you did not live with one parent more than the other, give information about the parent who provided you the most financial support during the last 12 months or during the most recent year you received support.

If your divorced or widowed parent has remarried, also provide information about your stepparent.

Single parent Married parents Parents separated Parents divorced

Grandparents Foster care, Guardian, Homeless

PARENT INFORMATION

Parent 1

First & Last Name: _____

Occupation: _____

Parent 2

First & Last Name: _____

Occupation: _____

Annual Household Gross Income: _____

FAFSA EFC (Expected Family Contribution): _____

FAMILY INFORMATION

How many dependent children are in the family including you: _____

What are their ages: _____

Enter the ages of all the dependents in the family EXCEPT you. Separate the ages by commas.

Number of family members attending college now or in the next three years excluding you: _____

Are you a potential first generation college graduate? Yes No

Defined as: An applicant where neither parent has a Bachelor's degree from a 4-year college or university.

DISCLAIMER & PERMISSIONS

Yes No **I give permission for selection committees to contact my high school for additional academic / financial information needed.**

Yes No **I authorize the release of my school transcript for the purpose of determining eligibility and selection of scholarship awards.**

Yes No **I give permission to the Josephine County Educational Fund to publish my photo on the website and in other media to promote JCEF and its scholarship program.**

Yes No **If selected to receive a scholarship, I give permission to the Josephine County Educational Fund and the scholarship donor to publicize the award through their choice of media.**

The Josephine County Educational Fund will never share your information with marketing entities.

REQUIRED SIGNATURES

If you are 18 years or older, you do not need a parent/guardian signature.

To student applicant

By signing this application, I guarantee the accuracy of the application and the documents that will be added to the application packet. And, If requested agree to provide proof of this information.

By signing this application, I authorize GRANTS PASS HIGH SCHOOL to release my transcript to the entities that require it for the scholarship selection process.

I authorize the Josephine County Educational Fund to share my application with scholarship processing and review staff, donors and selection committees for the purpose of determining eligibility and selecting awardees.

Applicant Signature: _____

Date: _____

To Parents/Guardians

Your student wishes to apply for local scholarships.

By signing this application, I guarantee the accuracy of the application and the documents that will be added to the application packet. And, If requested agree to provide proof of this information.

By signing this application, I authorize GRANTS PASS HIGH SCHOOL to release my child's transcript to the entities that require it for the scholarship selection process.

I authorize the Josephine County Educational Fund to share my child's application with scholarship processing and review staff, donors and selection committees for the purpose of determining eligibility and selecting awardees.

Parent Signature: _____

Date: _____