



# Acton Women's Club

PO Box 369, Acton, CA 93510

## Scholarship Application

HIGH SCHOOL STUDENT  
 TRANSFER STUDENT

Student First Name:		Middle Name	Last Name:	Date:
Address (home and mailing):		Age:		
Phone:	Email:	Birth Date:		
Parent/Guardian:		Occupation:		
Phone:	Email:			
Parent/Guardian:		Occupation:		
Phone:	Email:			
How many Siblings at Home?: (if applicable)		How many Siblings at College?: (if applicable)		
Current School:	Current GPA:	Cumulative GPA:	Class Rank:	
Your Major Academic Interest:				
Future Plans/Ambitions/Occupations after High School:				
<b>Please list the College/Vocational School(s) that you Plan to Attend – or have Been Accepted</b>				
School Name and Address:		Start Date	Accepted Now	
School Name and Address:		Start Date	Accepted Now	
School Name and Address:		Start Date	Accepted Now	
Scholarship Received:		Full or Partial?:		
Scholarship Received:		Full or Partial?:		
Scholarship Received:		Full or Partial?:		

## Acton Women's Club Scholarship Application - continued

### SCHOOL and/or WORK RELATED ACTIVITIES (Subject to verification)

include labs, athletics, campus clubs/activities, music, drama and/or art

Date from:	Date to:	Hours of Participation (if applicable):	Description of Involvement:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### AWARDS/HONORS/ACHIEVEMENTS (Subject to Verification)

list academic, athletic, arts or work-related achievements/awards

Date from:	Date to:	Description
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>

### COMMUNITY SERVICE (Subject to Verification)

Date from:	Date to:	Hours	Description	Primary Contact & Phone #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**I hereby certify that the information provided is complete and correct to the best of my knowledge.**

Signature of Applicant: x: \_\_\_\_\_

Date: \_\_\_\_\_