

ACT SCHOLARSHIP APPLICATION

The purpose of the grant is to encourage students to further their education by offering a monetary grant. The grant is available to any student applying for any type of post-high school training requiring 24 or more months.

If the student does not complete a full 24 months of training, the ACT (Association of Classroom Teachers) will request the grant to be returned.

STUDENT'S STATEMENT: This is to be filled out by the student applying for the scholarship.

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Phone Number _____ Date of Birth _____ Age _____

What college do you plan to attend? _____

In what area of study are you enrolling? _____

List any other scholarships for which you have made application _____

Have you been awarded any scholarships at this time? _____ If so, please state which ones and for how much. _____

Are you employed? _____ If so, where? _____

Describe in detail any extra-curricular activities, school or otherwise, in which you are now or have been participating within the past four (4) years; tell what offices held, etc. _____

List any special recognition for academic achievement or scholastic ability _____

STUDENT AUTOBIOGRAPHY: In the space below write something about your life experiences which have affected your thinking about education, and any other information that you think will help the Scholarship Committee know more about you.

The statements on these sheets are correct and true to the best of my knowledge, and I understand that if I am granted the scholarship and do not complete 24 months of training, I will be expected to return the money.

Date

Signature of Applicant