

# EEA – CHRISTA MCAULIFFE SCHOLARSHIP AWARD

Scholarship Application 2019 **Aspiring Education Student**



**\$2,500**

APPLICANT INFORMATION			
Last Name	First	M.I.	DOB
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	Parent or Guardian		
Social Security No.	Parent or Guardian		

EDUCATION				
High School		Address		
From	To	Date of Graduation	Class Rank	Total No. in Class
Guidance Counselor			Phone Number	
CAREER GOAL				

AWARDS & RECOGNITIONS	
<i>If you require additional space, please feel free to attach sheets as needed.</i>	
Are you a Member of the National Honor Society?	YES NO
<b>Honors &amp; Awards</b> <i>Please state Name or Honor and/or award and year.</i>	
Name	Year
Name	Year
Name	Year
Name	Year
<b>Scholastic</b> <i>Please include both Academic and extra curricular in addition to name and year.</i>	
Name	Year
Name	Year
Name	Year
Name	Year
<b>Leadership</b> <i>Please include positions held both in the school and community in addition to name and year.</i>	
Name	Year
Name	Year
Name	Year
Name	Year

<b>LIST THE COLLEGES, UNIVERSITIES OR TRADE SCHOOLS TO WHICH YOU HAVE APPLIED IN ORDER OF PREFERENCES.</b>			
School Name	<i>Accepted</i>	Yes	No
School Name	<i>Accepted</i>	Yes	No
School Name	<i>Accepted</i>	Yes	No
School Name	<i>Accepted</i>	Yes	No

*Have you applied for Financial Aid or Scholarships? If so, please complete the following section.*

<b>FINANCIAL AID</b>				
Scholarship or Tuition Aid	Amount	<i>Granted</i>	Yes	No
Scholarship or Tuition Aid	Amount	<i>Granted</i>	Yes	No
Scholarship or Tuition Aid	Amount	<i>Granted</i>	Yes	No
Scholarship or Tuition Aid	Amount	<i>Granted</i>	Yes	No

*Please list all jobs that you have held while in High School, State your earnings and Approximate time worked per week.*

<b>EMPLOYMENT HISTORY</b>			
Place of Employment	Hours Worked	Salary	<i>Dates of Employment</i>
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*Please list the members of your immediate family, other than your parents.*

<b>FAMILY</b>			<i>Name of College if Attending</i>
Name	Relationship	Age	
Name	Relationship	Age	
Name	Relationship	Age	

<b>DISCLAIMER AND SIGNATURE</b>	
I certify that my answers are true and complete to the best of my knowledge.	
I understand that false or misleading information in my application may result in my disqualification from eligibility for this award.	
Signature	Date

**Please include the following supporting information with your completed application:**

**STUDENT'S STATEMENT** – Please explain your educational and career goals in 300 words or less.

**REFERENCES** – Please enclose at least two letters of reference.

**HIGH SCHOOL TRANSCRIPT** – A copy of your SAT Reasoning Test scores **MUST BE SUBMITTED WITH YOUR APPLICATION.**