

Syracuse Journal-Democrat Journalism Scholarship

Students Name: _____
(Last) (First) (M.I.)

Permanent Address: _____

Home Phone Number: () _____ Age: _____

Class Rank: _____ of _____ Grade Point Average: _____ ACT Score: _____

What College do you plan to attend?: _____
Have you been accepted? _____

What field of study are you planning to pursue? _____

What are your career goals?

I expect to pay for my education by: (circle all that apply)

Savings

Scholarships

Working while in school

Loans

Summer Jobs

Grants

Parent's help

HIGH SCHOOL ACTIVITIES, HONORS, COMMUNITY SERVICE AND WORK EXPERIENCE: (If needed, use additional sheet(s) of paper. You must include your full name on each additional sheet).

Extracurricular Activities: (Please provide details regarding length of involvement and leadership positions)

Awards, Honors, and Other Recognitions:

Community Service and Work Experience:

In one-hundred words or less indicate why you would like to be considered for this scholarship.

Names and occupations of parents:

Mother: _____

Father: _____

I request a copy of my transcript be released to the group or sponsoring organization of the scholarship I am applying for. This information is to be used and reviewed only by those who have direct responsibility in deciding if I am to receive the scholarship for which I am applying.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

Return this form and all information to your school counselor by **April 15.**