

John E. Bakes Scholarship
SWITZERLAND COUNTY HIGH SCHOOL

NAME _____

SUMMER ADDRESS _____

SUMMER PHONE NUMBER _____

HOME PHONE NUMBER _____

SOCIAL SECURITY NUMBER _____

APPLICATION NUMBER _____

(COUNSELOR FILLS IN)

DATE SUBMITTED _____

(COUNSELOR FILLS IN)

Please submit your unsigned letter stating your reason for desiring the scholarship and current plans for the future.

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SWITZERLAND COUNTY HIGH SCHOOL

Information Sheet

Applicant should complete information requested below and submit this form with an unsigned letter giving other information requested.

To be completed by High School counselor

Scholarship Applicant's number: _____

Date Submitted: _____

Date of Graduation: _____

High School transcript must be attached.

To be completed by High School student

Class rank is _____ of _____ students at the end of _____ semesters

Numerical grade point average: _____

SAT/ACT Scores: Verbal _____ Math _____

Social Security Number: _____

Accepted to attend (Name of College): _____

College address: _____

To be completed by currently enrolled college student

Presently attending: _____

Grade classification: _____

Quarter or Semester hour completed: _____

Grade Point Average: _____

Social Security Number: _____

If transferring to a different school; school name and address: _____

Reason for transfer: _____

Complete College transcript of all post high school grades and courses must be attached, or forwarded to the counselor.

To be completed by all applicants

List extra-curricular activities – include offices held. (Attach extra sheets if necessary)

High School

Activities/Organizations Number of Years Offices

Community

Activities/Organizations Number of Years Offices

College

Activities/Organizations Number of Years Offices

Honors and Awards

High School Number of Years Community