

CLARK COUNTY SCHOOL DISTRICT SCHOLARSHIP APPLICATION



Please type or print clearly

SCHOLARSHIP TITLE _____ APPLICATION DEADLINE _____

STUDENT INFORMATION

SOCIAL SECURITY NUMBER _____

NAME OF APPLICANT _____
LAST FIRST M.I.

APPLICANT'S ADDRESS _____
CITY STATE ZIP CODE

HIGH SCHOOL OF ENROLLMENT _____

PARENT/GUARDIAN NAME _____ HOME PHONE _____

ADDRESS _____
CITY STATE ZIP CODE

Sent admission applications to the following schools: _____

SIGNATURE OF APPLICANT

OFFICIAL USE ONLY

(3 decimals)
RANK IN CLASS: _____

TEST SCORES:
S.A.T. _____
Critical Reading Math

NUMBER IN CLASS: _____

Writing
A.C.T. _____
Composite

G.P.A.: Cumulative _____
Weighted _____

School Official

STUDENT PROFILE

***YOU MAY ATTACH A RESUME IN LIEU OF COMPLETING THIS SECTION**

WORK EXPERIENCE/COMMUNITY SERVICE

List jobs/volunteer work you have held during high school. Indicate the year the position was held.

MEMBERSHIP/LEADERSHIP

List all positions you have held. Indicate year the position was held.

AWARDS/HONORS

List all that you have received in high school. Indicate grade level in which award/honor was received.