



ACT – NOW Scholarship Application
Advisory Community Team – Neighbors On Watch (Gerrish Township)

Applicant's Name _____

Permanent Address _____ Phone _____

City, State, Zip _____

Email: _____

High School Attending _____

GPA _____ National Honor Society ☐ (check if Yes) Standing _____
(Honors, High Honors, etc.)

I Plan to Attend (Name of College/University) _____

Date of Acceptance _____ College Major _____

One-Year Program Two-Year Program Four-Year Program

Name of Parents or Guardian _____

Address _____ City, State, Zip _____

Father's or Guardian's Occupation _____

Mother's or Guardian's Occupation _____

Number of Children in Family ____ How many family members presently attending college ____

Please list all scholarships or financial aid applied for: _____

Please list all scholarship awards or financial aids awarded and known to you at this time:

Name of Award _____ Amount of Award _____

Name of Award _____ Amount of Award _____

Name of Award _____ Amount of Award _____

Other Financial Aids _____

Source and amount of funds available for year in which Scholarship is requested:

Parents \$_____ Student Savings \$_____

Scholarships \$_____ Other (relatives, etc.) \$_____

Indicate Total Household Gross Income (*Check one*):

_____ \$5,000 - \$20,000	_____ \$50,000 - \$65,000	_____ \$100,000 - \$120,000
_____ \$20,000 - \$35,000	_____ \$65,000 - \$80,000	_____ \$120,000 - \$150,000
_____ \$35,000 - \$50,000	_____ \$80,000 - \$100,000	_____ \$150,000 and above

Indicate any special circumstances you feel the Scholarship Committee needs to take into consideration:

List extra-curricular activities you have been involved in: _____

List any community service you have been involved in or service organizations that you belong to:

List any work experience you have had (part-time, summer job, etc.): _____

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____