

**SAFFORD HIGH SCHOOL
FOUNDATION SCHOLARSHIP APPLICATION**

The SHS Scholarship Foundation **DOES NOT defer scholarships**, they must be used during the upcoming academic year.

NAME:

DATE:

SCHOLARSHIP APPLIED FOR:

FIELD OF STUDY:

For Office Use Only_____

Have you enlisted in the military? Yes No

Did you attend Lafe Nelson Elementary School? Yes No

List ACTIVITIES you have participated in and include any LEADERSHIP POSITIONS held in those activities:

	Pts: _____

List any HONORS AND/OR AWARDS you have received in school and the community:

	Pts: _____

List any COMMUNITY SERVICE EXPERIENCE you have in school or the community (do not include Senior hours for graduation):

	Pts: _____

State your GOALS:

	Pts: _____
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Are there any **SPECIAL CIRCUMSTANCES** the scholarship committee should be aware of regarding your financial need? Please explain:

Total: _____

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