

DELBERT HOUSEHOLDER SCHOLARSHIP APPLICATION
Hosted by the Safford High School Scholarship Foundation

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

NAME:

DATE:

SCHOOL ATTENDED:

FIELD OF STUDY:

For Office Use Only _____

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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