

Check below:
 Need based scholarships
 Non-need based

PALO ALTO HIGH SCHOOL

Return by **February 9th**
 to Sandra Cernobori
 in the College Center

COMMUNITY SCHOLARSHIP APPLICATION

NAME OF APPLICANT: _____
Last First

ADDRESS _____
Street City State & Zip code

Social Security # _____ Telephone# _____ E-mail _____

Teacher Advisor: _____ GPA _____ (leave blank)

1st Choice College: _____ 2nd Choice College _____ Planned Major: _____

SAT I Scores: Math _____ Critical Reading _____ Writing _____ (LIST BEST SCORES FROM ANY TEST)

ACT: Composite Score: _____

•Are the student's natural or adoptive parents separated or divorced? (Please circle) YES NO

•Did either parent graduate from a 4 year college (Please circle) YES NO

•List other dependent children and dependent family members. State relationship and at which college, if any.

Name	Age	Relationship	College
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

•Employment (include hrs/wk, summer and/or after school): _____

•Contributions to the school and/or community: _____

•Awards, honors and other achievements: _____

•Future goals and ambitions: _____

FOR NEED-BASED APPLICANTS - PLEASE TURN OVER AND FILL OUT

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**FINANCIAL SECTION: REQUIRED FOR NEED-BASED SCHOLARSHIPS ONLY
(Confidential)**

When did you file the FAFSA? _____ *Attach a copy of your Student Aid Report to this application.**

Father's name _____ Occupation _____

Employer (If self-employed, state nature of business): _____

2007 Gross Income earned: \$ _____

Mother's name _____ Occupation _____

Employer (If self-employed, state nature of business): _____

2007 Gross Income earned: \$ _____

Adjusted Gross Income of parent(s)/guardian(s):	Father/Guardian	\$ _____
(estimate from 1040 form, Adjusted Gross Income for 2007)	Mother/Guardian	\$ _____
	Joint Return	\$ _____
Student 2007 Income (e.g., earnings, dividends & interest)		\$ _____
Student Assets (e.g., trusts, individual savings)		\$ _____
Other financial assistance (public, private)		\$ _____

Please describe more fully any or specific financial circumstances that might have bearing on the applicant's financial need. It may be necessary to request a copy of your 1040 for certain scholarships.

The undersigned hereby consent to the release of all information on this application to organizations and others that may wish to provide scholarships.

Parent/Guardian Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

* required