

JOHN A. CAVANAGH SCHOLARSHIP FUND

APPLICATION FOR SCHOLARSHIP

(Please type or print neatly)

APPLICANT'S NAME _____

DATE OF BIRTH _____

ADDRESS Street _____

Apt# _____

City _____

State _____

Zip Code _____

(_____) _____

TELEPHONE _____

SOCIAL SECURITY NUMBER _____

HIGH SCHOOL CURRENTLY ATTENDING _____

DATE OF GRADUATION _____

ADDRESS Street _____

City _____

State _____

Zip Code _____

(_____) _____

TELEPHONE NUMBER _____

PRINCIPAL'S NAME _____

CAGNY COMPANY THAT EMPLOYS PARENT _____

PARENT'S NAME _____

ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES: \$ _____

(For CAGNY purposes only - information will be kept confidential)

AMOUNT OF OTHER SCHOLARSHIPS AND AID (OTHER THAN LOANS) YOU EXPECT TO RECEIVE FROM ANY SOURCE: \$ _____

(1) Please list all major student activities in which you have engaged (and offices held, if any) while attending high school: _____

(2) Please list any honors or award you received while attending high school: _____

(3) High School Grade Point Average: _____ Approximate Class Rank (if known): _____

(4) Name and address of college/university/trade school you plan to attend: _____

(a) What course of study do you plan to pursue? _____

Applicant's Signature: _____ Date: _____

The JAC Scholarship Award is an equal opportunity not-for-profit scholarship fund. The decision to grant an award will not be based on any characteristic protected by law, including race, color, age, religion, national origin, disability and sexual orientation.