

Coleridge Community Schools
General/Educational Foundation Scholarship Application
Deadline: Return to the Guidance Office by
April 15

NAME: _____ DATE: _____

GPA _____ CLASS RANK _____ OF _____ ACT _____

School Planning to Attend _____

Intended Area of Study _____

1. Contributions to Coleridge School (activities, honors, leadership roles, and organizations)

2. Contributions to the Community of Coleridge (activities, honors, leadership roles, and organizations)

3. Write a brief statement about your educational career plans.

4. Write a brief statement stating how you would benefit from a scholarship award.

I agree that if I am offered and accept an award from the Coleridge Community Educational Foundation, they may use my name, the name of my community, the name and address of my school, the amount of the award and the name of the postsecondary institution I will attend. I authorize release of the above information to the selection committee for local scholarship consideration.

Student Signature

Parent/Guardian Signature