

Quinter Alumni Scholarship Application Form

Applicant's Name: _____ Age: _____ Birthday: _____

Address: _____ Telephone: _____

Name of Parents or Guardian: _____

Occupation of Parent or Guardian: _____

Years Attending Quinter Schools: _____ Years Quinter High School Student: _____

Number of siblings at home: _____ Their ages: _____

Number of siblings pursuing their education at the same time as yourself: _____

Where do you plan to pursue your post-high school training? _____

Cost of one year of schooling: _____

Do you or have you had a part-time job following graduation? _____

Where do you plan to be employed? _____ Estimate Earnings: _____

If you do not receive financial aid, would you still pursue your education? _____

Explain your reasons for needing financial aid: _____

If you own a vehicle, describe it (Make, Model, Year): _____

At this time, what are your occupational goals?

List extracurricular activities, offices, honors, or special interests:

Read the following statement carefully and sign below if you agree to these terms:

I, _____, do hereby agree that if I should terminate my training or schooling before completing the one year for which I had applied, I will repay the full original amount awarded by the Alumni Committee plus 5% interest on that amount, on or before the next May 1 after termination. A repayment repeal, approved by the committee, may also remove repayment obligation.

Applicant's Signature

Parent's Signature

- Criteria:
1. Financial need
 2. Must have attended four years at Quinter High School.
 3. Be an upstanding citizen.
 4. May attend any college, Vo-Tech, or Community College

Committee:

1. Alumni Committee Member
2. Quinter High School
3. Quinter High School Principal
4. English Teacher