

Camden Alumni Association Scholarship Application Form

Please print clearly, or type, all information requested.

THIS FORM MUST BE COMPLETED IN FULL, NO UNSOLICITED ATTACHMENTS OR SUBSTITUTIONS WILL BE ACCEPTED. YOUR APPLICATION WILL NOT BE CONSIDERED IF IT DOES NOT FOLLOW THIS FORMAT.

Student's Name: _____ High School Average: _____

Address: _____ Rank in Class: _____

City: _____

Parent's Full Names: _____

Contact Information for parent(s): _____

(Phone or email, whichever is easiest for them)

Please complete ALL information below and return the form to the Guidance Office no later than Wednesday, April 12, 2017.

In order to qualify for this scholarship you must have been accepted at an accredited two or four year institution of higher learning for the fall, and have a mother, father, step-parent or legal guardian who has graduated from Camden High School or Camden Central School.

Complete the following information as it applies to you for your parent, step-parent, or legal guardian who qualifies you for this scholarship.

Name: _____ Maiden Name, if Mother: _____

Year of graduation from Camden High School or Camden Central School of the qualifying person: _____

Please attach a copy of your college acceptance letter to this form.

The information on this form is, to the best of my knowledge, truthful and accurate.

Signed: _____ Date: _____

PLEASE DO NOT INCLUDE ANY PERSONAL IDENTIFYING INFORMATION ON THE FOLLOWING FORM.

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For Two-Sided (Duplex) Printing**

