

South Hackensack Memorial School Scholarship

Deadline: June 1st

(ALL fields MUST be completed)

Student's Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Applicant ranks _____ in a class of _____.

SAT Scores: _____ Verbal: _____ Mathematics: _____

Father's Name: _____

Occupation: _____

Income: _____

Mother's Name: _____

Occupation: _____

Income: _____

Marital Status of Natural Parents: Married _____

Separated _____

Divorced _____

Number of Brothers & Sisters: _____

Ages: _____

List scholarships for which you have applied:

Why do you seek/need this scholarship?

List **School** Activities:

Activity	Office Held hours/Awards Received	Grades/Dates

List **Community** Activities

Activity	Office Held hours/Awards Received	Grades/Dates

Write a brief statement (limited to the space below) describing your career goals and how you expect your education will help you attain them.

The information contained herein is complete and accurate to the best of our knowledge.

Applicant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

***E-mail completed application and transcripts to
eashscholarship@shmemorial.org***