WARRENTON HIGH SCHOOL STAFF SCHOLARSHIP

Name:			
(Last)	(Fi	rst)	(Middle Initial)
Address:			Phone:()
Parent or Guardian's Na	ame.		
What institution do you	plan to attend?		
Major Area of Study:	plan to attoria		
List all local scholarship	s you have applied fo	r:	
List any unusual expens	ses that affect ability to	o pay for schooling	j:
Write a brief paragraph scholarship:	expressing your educ	ational goals and r	reason for applying for this
List Work Experience (f	ull or part-time, paid o	r volunteer):	
School and Community	Activities:		
Attach an access in 500			
impact on you and why.		en of your night sch	ool classes has had the biggest
Appli	cation is due in the G	uidance Office on A	April 2nd by 3:15pm
Inf	ormation below to b	e completed by s	chool counselor
Class rank:	of GPA:	ACT score:	Attendance %: