

Mark A. Chapman Foundation Scholarship

Deadline: March 27, 2017

**Turn in to the counseling office.*

MARK A. CHAPMAN FOUNDATION SCHOLARSHIP

Name _____ Social Security # _____

Parents' Name _____ Telephone _____

Mailing Address _____
Street/P.O. Box _____ City _____ State _____ Zip Code _____

SAT Scores: Critical Reading _____ Math _____ Writing _____ ACT Composite _____

High School Program: Minimum _____ Recommended _____ Distinguished Achievement _____

List academic awards and honors in high school:

List non-academic high school achievements (awards, clubs, activities, etc.):

Activities, awards, achievements outside of high school:

Area of study (major) in which you are most interested: _____

College or university you plan to attend: _____

Statement of financial need:

Reasons why you want to be considered for this scholarship:

Signature of applicant: _____ Date _____

TO BE COMPLETED BY HIGH SCHOOL COUNSELOR:

High school grade point average: _____ Class Rank _____ out of _____

Signature of Counselor or Principal: _____ Date: _____

Please request a transcript to be attached to this application.