

CHARLES A. EVANS SCHOLARSHIP FUND

CRITERIA

- 1) Must be a Vandalia High School graduate
- 2) Live in or within ten miles of the city of Vandalia
- 3) Display exceptional scholastic ability
- 4) Have genuine financial need
- 5) Application deadline April 1st

APPLICATION FOR SCHOLARSHIP

I hereby make application for the EVANS SCHOLARSHIP.

I intend to enroll in _____ at _____
_____, for the term beginning _____, 20_____.

I am a graduate of Vandalia High School, _____.
(Month, Year)

NAME _____
(Last) (First) (Middle)

SOCIAL SECURITY NUMBER _____ Telephone _____
(Area code & Number)

HOME ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

COUNTY _____ Length of residence in these county _____ years.

NAME OF PARENT OR GUARDIAN _____

ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

DATE AND PLACE OF BIRTH _____

Is anyone dependent upon you for support? Yes No

If yes, name and relationship _____

Names of three persons other than relatives who know you and could be contacted to verify the information on this application.

NAME	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the community activities in which you have participated while in high school:

List any special honors or awards received in high school or in the community while in high school.

In the space below, discuss your career plans, telling why you have selected the particular career. (If more space is required, attach additional sheet)

If I am awarded this scholarship, I will accept or reject it within 15 days.

I certify that to the best of my knowledge all information given is true and correct.

(Signature of Applicant)

(Signature of Parent or Guardian)

(Date)

(Place)

STATE OF _____)
County of _____)

Subscribed and sworn to before me this _____ day of _____,
20____, at _____.

(Notary Public)

My commission expires: _____