

COMMON APPLICATION FORM

NAME OF SCHOLARSHIP: **Lee Aguilar Foreign Language Student Scholarship**

NAME _____ Female__ Male__
LAST FIRST M. INITIAL

MAILING ADDRESS _____
Mailing Address City State

PHONE NUMBER _____ GPA _____ Rank in Class _____ out of _____

I plan to attend _____
Name of College/Trade School

RETURN TO COUNSELING OFFICE BY: APRIL 3, 2019

_____ Narrative is attached. (It describes my post-secondary and career goals.)

_____ Financial Aid Statement is attached. (It describes my reason for seeking financial aid.)

_____ My resume is attached. (It lists high school, activities, awards and honors, community services, and employment experiences.)

_____ My high school transcript is attached. (PHS Counseling office will do this)

List the names & phone #'s of three (3) persons whom we might contact for additional information:

I hereby give permission to release my transcript, grade point average, and class rank to the organization listed above.

Student's Signature