

APPLICATION FOR THE
OSCAR W. & ZAYDA V. DAHL - HIGHLAND COMM COLLEGE FOUNDATION SCHOLARSHIP

Applicant's Name _____ Date _____

Address: _____

Parent (s): _____ Phone _____

Class Rank: _____ Number in Class _____ Seven Semester Grade Point Average _____

ACT composite score _____ Intended College Major: _____

List scholastic honors you have received: _____

List your activities in school: _____

List your activities out of school: _____

List positions of leadership in and out of school: _____

Last paid employment (include employer, number of hours per week, and nature of work):

Financial Need - In the space provided, please indicate your family's **adjusted gross income** from last year's tax return.

_____ under \$15,000	_____ \$30,000 to \$35,000
_____ \$15,000 to \$20,000	_____ \$35,000 to \$50,000
_____ \$20,000 to \$25,000	_____ over \$50,000
_____ \$25,000 to \$30,000	

Total number of family members living at home _____ Number in college next year _____

Number of dependent children, including yourself (indicate ages): _____
