

Bernard F. Gaffney Memorial Scholarship Fund

Due: May 2, 2016

This scholarship was established to help Houghton High School students who demonstrate good character, financial need, and determination in their quest to achieve specific educational goals.

Criteria

- ✓ Must be a Houghton High School graduate
- ✓ Must have a completed recommendation
- ✓ Citizenship and character will be considered

Please type or print in ink.

Date of application _____

Applicant's name _____
Last *First* *Middle Initial*

Home address _____
Street *City* *Zip*

Telephone number _____ Male Female

Social security number _____ Birthdate _____

Parent(s)/Guardian(s)/Other _____

College or School

First Choice _____

Second Choice _____

Have you been accepted for admission? Yes No

Have you accepted an admission offer? Yes No

College major or technical training preference: _____

Academic Objectives

- Bachelor of Arts or Science (four year)
- Associate of Arts or Science (two year)
- Technical Certification (one year or less)
- Other

List extracurricular activities and years involved (include athletics, art, drama, forensics, school organizations and clubs, music, military organizations, etc.):

List honors, awards, and prizes earned in school (including any office held in school organizations):

List activities outside of school (church organizations, community activities, including leadership positions held):

To be completed by Guidance Counselor:

Class Rank _____ Number in Class _____ GPA _____ ACT _____ SAT _____

Financial Information

List the type and amount of financial assistance you will be receiving in the upcoming school year (scholarships, grants, loans, work, parent contributions, etc.)

Fill in the anticipated expenses below as completely and accurately as possible for the upcoming school year. If living at home, do not include room and board.

Tuition _____

Room and board _____

Special fees, books, tools _____

Commuting expenses _____

Personal expenses _____

Total expenses _____

Are there any special circumstances you want the scholarship committee to consider?

Yes No If yes, please explain.

Briefly explain why you feel you deserve this scholarship.

Applicant's signature _____ Date _____

**Bernard F. Gaffney Memorial Scholarship
Independent Recommendation**

Name of applicant_____

This student has applied for the Bernard F. Gaffney Memorial Scholarship and is requesting you complete the following recommendation.

Name of reference_____

Telephone number_____Occupation_____

Address_____

May we contact you with further questions regarding this applicant? Yes No

Please specify your relationship with this applicant.

What special qualities, needs, or family circumstances does this applicant have that in your opinion qualify him/her for assistance?

How would you describe this applicant's character and motivation for continuing his/her education?

Are there any other special considerations in support of this applicant you feel should be brought to the attention of the scholarship committee?

Signature_____Date_____