

HENLEYFIELD COMMUNITY, INC. SCHOLARSHIP APPLICATION

Name: _____

Permanent Address: _____

Telephone Number: _____

E-Mail Address: _____ Date of Birth: _____

Name of Parent(s) or Guardian: _____

Name of current high school, city and state: _____

OR Home school registration number and name and address of instructor:

Schools to which you have applied (Please indicate 1st, 2nd and 3rd choice):

Name:	City	State	Accepted(Y/N)	Choice#
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Will you attend full time or part time? _____

Major and type of degree/certificate sought? _____

What is your expected completion date? _____

Please list any special needs if applicable: _____

Applicant Signature _____ Date _____