

Columbiana Alumni and Friends Scholarship Association, Inc.

Scholarship Application

This application must be accompanied by a **student composed cover letter** no more than 250 words, introducing the student to the selection committee. Contained within the letter should be a persuasive argument for why s/he should be selected to receive a CAFSA Scholarship. An interview with the Selection Committee will be arranged by the Guidance Secretary after applications are received by Wednesday March 27, 2024. **Please download and submit the completed application to the guidance counselor by the deadline.**

| | | | |
|------------------------------|--|--------------|--|
| Full Name | | | |
| Address | | City | |
| Phone | | Email | |
| Parent/ Guardian* | | | |
| Address | | City | |
| Phone | | Email | |

*or person financially responsible for Applicant

**In what high school activities have you participated? Please include offices held.
You may attach additional sheets, if needed.**

| Activity/Sports/Offices Held | Freshman | Sophomore | Junior | Senior |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

In what community activities have you participated?

| | |
|--|--|
| | |
| | |

Select one of your community activities and describe how it is an example of "giving back" to Columbiana.

What Honors or Special Recognitions (academic or other) have you received?

| | |
|--|--|
| | |
| | |
| | |

| | | | | |
|--|--------------------------|--------------------|--------------------------|--------------|
| What type of post high school education do you intend to pursue? | <input type="checkbox"/> | College/University | <input type="checkbox"/> | Trade School |
| | <input type="checkbox"/> | Apprenticeship | <input type="checkbox"/> | Other |

| | | | |
|---|--|-------------------------------------|------------------------------------|
| What school, college, trade school, or other training facility do you plan to attend? | | | |
| Have you applied? | | Where will you live? | |
| What will be your field of study? | | At Home <input type="checkbox"/> | On Campus <input type="checkbox"/> |
| Have you been accepted? | | Off Campus <input type="checkbox"/> | Other <input type="checkbox"/> |

| | | | |
|---|---|------------------------------|-----------------------------|
| Approximate cost of post high school education | | | |
| Have you applied for scholarships or other financial aid? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If "Yes," where, what type and amount awarded, if known | | |
| Have you submitted a F.A.F.S.A Application? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| | | | |
|---|----------------------------------|------------------------------|-----------------------------|
| Will your parents/guardians provide some financial support? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If "Yes," how much or what type? | | |

| | | | |
|---|-----------------------------|------------------------------|-----------------------------|
| Will you receive any other financial aid? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If "Yes," what type of aid? | | |

| | | | |
|------------------------|--|------------------------------|-----------------------------|
| Have you been working? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If "Yes," when, where and provide a brief description. | | |
| | How much money will you have saved for your education by the time school starts? | \$ | |

| | | | |
|--|--|------------------------------|-----------------------------|
| Do you plan to work while you are in school or other training? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|--|------------------------------|-----------------------------|

| | | | |
|-------------------|---|------------------------------|-----------------------------|
| Do you own a car? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If "Yes," what year and what make do you own? | | |

| | | | |
|--|--|------------------------------|-----------------------------|
| If you receive financial aid for your first year of college or other training will you be able to continue school on your own? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If "Yes," explain your plans to complete your degree/certification . | | |

Signature of applicant: _____ **Date:** _____

Download, print, complete, sign, and date this application.
Give this application, your cover letter, any additional documentation, and the Guidance Counselor's signed documentation to the CHS Guidance Secretary.

Due Date is Wednesday March 27th 2024

*Applications received after March 27th, may not be considered by CAFSA selection committee.

Columbiana Alumni and Friends Scholarship Association is a 501 c3 tax exempt organization

Columbiana Alumni and Friends Scholarship Association, Inc

Guidance Counselor documentation to verify student information for CAFSA

Student Name _____

| | |
|--|--|
| Number of school absences through seven semesters of high school | |
|--|--|

| | |
|---|--|
| Number of school absences during the past 3 semesters | |
|---|--|

| | |
|--|--|
| Grade Point Average through seven semesters of high school | |
|--|--|

| | |
|---|--|
| Grade Point Average during junior and senior years of high school | |
|---|--|

Guidance Counselor Signature and Seal

Date

Attach this form to the completed CAFSA student application