

Arthur S. Reese Student Continuing Education Grant Application
Application for Graduating Seniors of McGuffey, Trinity and Washington High Schools
Please email to finance@fairhillmanorchurch.org by May 1.

PERSONAL DATA

Name: (last) _____ (first) _____ (middle initial) _____

Address: _____

Telephone: () _____ Email address: _____

Name and address of parent(s), guardian(s) or spouse: _____

Name of high school you attend or graduated from: _____

Date/anticipated date of high school graduation (month/year): _____

Approximate scholastic grade point average: _____ (attach official transcript)

Extracurricular activities, honors, community service: _____

EDUCATIONAL INSTITUTION IN WHICH ENROLLMENT IS DESIRED

Educational institution: _____

Address: _____

Have you been accepted? Yes _____ No _____

Anticipated course of study: _____

Date term begins: _____

In a separate document, please write a brief narrative about your intended career. Explain how and why you became interested in your choice and how you will use your chosen career to be of service to your fellow citizens and community. Please include the document with your application.

Signature _____ Date _____