

**CHARLO PERPETUAL SCHOLARSHIP
CHARLO HIGH SCHOOL ALUMNI**

Date: _____

Applicant's Name _____

Address _____

Date of Birth _____ Place of Birth _____

Name of Father _____ Occupation _____

Name of Mother _____ Occupation _____

Name of Guardian _____ Occupation _____

Number of Children in Family _____ Telephone Number _____

Date of Graduation _____ Number in Class _____ Rank _____

Cumulative Grade Point Average (High School) _____

Cumulative Grade Point Average (College) _____

Honors in High School and/or College _____

Activities in High School and/or College _____

Activities/Hobbies/Interests other than school activities _____

Employment(including summer or part-time) _____

The college you plan to attend. (The scholarship will be sent directly to the college, as soon as your furnish proof of enrollment and by September 15.)

Name _____

Address _____

Your major field of study in college _____

Other scholarships you have received _____

Explain your educational and career goals, and why you want to be considered for this scholarship(you may attach a page) _____
