TOWN OF HIGHLANDS SCHOLARSHIP APPLICATION HIGH SCHOOL SENIORS

Name:_____ _____ _____
Last First Middle/Maiden

Address:_____ _____ _____ _____
Street or P. O. Box City State Zip

Phone: _____ Email: _____

NOTE: Only graduates of Highlands School are eligible for the Town of Highlands Scholarship.

PLEASE ATTACH THE FOLLOWING INFORMATION:

□ Copy of your academic transcript.
□ Completed "Extra-curricular Activities" form (page 2).

Scholarships are awarded based upon scholastic achievement, character, citizenship and need. The Scholarship Committee will consider any financial information you submit with your application, and will keep that information confidential.

The intent of the Town Scholarship is to help you attend the school of your choice. If the scholarship is not used, it must be returned so that other students may benefit. By signing this application, you are confirming your understanding that if you decide not to attend school after an award has been made, or if you drop out after a semester, the balance of the award will be refunded to the Town of Highlands Scholarship Fund.

Applicant:_____ Date:_____

Parent or Guardian:_____ Date:_____

THIS APPLICATION, INCLUDING ATTACHMENTS, MUST BE RECEIVED IN THE

TOWN OFFICE BY APRIL 15

The Scholarship Committee WILL reject ALL late applications.

Please return this application to:

Town of Highlands Scholarship Committee

P. O. Box 460 Highlands, NC 28741

Attachment "C"