

APPLETON CITY TEACHERS SCHOLARSHIP

Due to Counselor by May 1st

(Applicants must plan to major in education)

Name _____

Address _____

Phone Number: _____

Date of Birth _____

Parent's Names _____

ACADEMIC INFORMATION

GPA _____ ACT Score _____ Date Taken _____

Class Rank _____

CLUBS, ORGANIZATIONS, ACTIVITIES

List below any clubs or organizations participated in during high school. Included offices held. Also include sports participated in during high school.

Other scholarships you have already received or are expecting to receive:

POST-SECONDARY PLANS

College or university you are planning to attend and field of study you plan to pursue:

PLEASE TELL US WHY YOU WISH TO BECOME A TEACHER (Essay)

RETURN APPLICATION TO: COUNSELOR BY MAY 1ST