

# Scholarship Application Form for the Roger Mason Sr. Memorial Scholarship

FormProcessor

## Personal Information

First Name	<input type="text"/>	Middle Initial	<input type="text"/>	Last Name	<input type="text"/>
Address 1	<input type="text"/>				
Address 2	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Home Phone	<input type="text"/>	Cell Phone	<input type="text"/>		
Email	<input type="text"/>				
High School Graduation Date	<input type="text"/>	High School Name	<input type="text"/>		
High School GPA (4.0 scale)	<input type="text"/>				
Birth Date	<input type="text"/>	Social Security Number	<input type="text"/>		
Which academic year are you planning to apply for <input type="text"/>					
Please attach references <input type="text"/>					
What is your financial situation? Will you receive any other financial aid for high school?					
<input type="radio"/>	<input type="radio"/>				
Yes	No				

### Aid Source Aid Amount

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

How many people live in your household?

How many household members will be enrolled in college while you are in high school?

Do you plan on attending college beyond high school?

Yes

No