

THE HUTCHINSON MEMORIAL SCHOLARSHIP APPLICATION

APPLICATION DATE (mm/dd/yyyy): _____

STUDENT

Name: _____

Date of Birth: _____ Social Security Number _____

Address: _____

Phone: _____ Home High School: _____

Number of Years Attended at Liberty, Century, or South Carroll High School: _____

Expected Graduation Date: _____

Cumulative G.P.A.(Weighted) _____ (Non-Weighted) _____

FAMILY INFORMATION (or Guardian if applicable)

	<u>Mother</u>	<u>Father</u>
Names:	_____	_____
Address(es):	_____	_____
Occupation:	_____	_____
Number of Children in Family and Ages:	_____	

EDUCATIONAL INSTITUTION

Accepted by _____
(Name of Institution)

(Location)

1. Please attach your unofficial transcript to this application. Please write scores in spaces provided; not, "see attached".
2. Please list your activities at your high school, community (including service clubs or projects), sports, civic groups and church activities in which you have taken part.
3. Please attach a Letter of Recommendation from a teacher, coach, or group or church leader.
4. Please attach an essay: How will you take this scholarship and give back to the community?
The document format should be typed, double-spaced, and may not exceed 500 words.

**The complete application package should be returned by April 15 to
The Community Foundation of Carroll County, 255 Clifton Blvd. ,Suite 313 Westminster, MD 21157**
Please include all attachments for your application to be considered.

A Scholarship Fund of the Community Foundation of Carroll County, Inc.