

# Quinter Alumni Scholarship

## Application Form

Applicant's name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Parents or Guardian: \_\_\_\_\_

Occupation of Parent or Guardian: \_\_\_\_\_

Years of attending Quinter High School: \_\_\_\_\_

Where do you plan to attend college? \_\_\_\_\_

Cost of one year of schooling? \_\_\_\_\_

How are you planning to pay for college in detail?

How have you prepared yourself for the major you are going into?

What is your work history? Do you currently have a job? Will you work in college?

At this time, what are your occupational goals?

Please attach a copy of your transcript, resume and extracurricular activities, offices, honors and community service.

*Read the following statement carefully and sign below if you agree to these terms.*

I, \_\_\_\_\_, do hereby agree that if I should terminate my training or schooling before completing my first year, I will repay the full amount awarded by the Alumni Committee plus 5% interest on that amount, on or before the next May 1<sup>st</sup> after termination. A repayment repeal, approved by the committee, may also remove repayment obligation.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Parent's Signature

- Criteria:
1. Financial need
  2. Must have attended 4 years at QHS
  3. Be an upstanding citizen
  4. May attend any college, Vo-Tech or Community College
  5. Application must be typed

Submit application to [QuinterAlumni@gmail.com](mailto:QuinterAlumni@gmail.com) You will receive a confirmation email when it's received.

