Crestwood High School Alumni Association, Inc.

Scholarship Application

Please Print

|  |
| --- |
| Last Name First Name Middle Name |
| Permanent Number/Street City State Zip Code  Address |
| Email Address: |
| Home Phone Cell Phone Date of Birth (mm/dd/yyyy)  Number: Number: Gender: Male Female: |
| Name/Address of High School: |
| Name of Parents/Guardian or Relative who attended Crestwood, Norfolk County or Douglas Park High School: |
| Address of Parent/Guardian or Relative: Number/Street City State Zip Code |
| Home Phone Cell Phone  Number: Number: |
| Name/Address of the educational  institution you plan to attend: |
| Your projected major or  course of study: |

Extracurricular Activities

Include school (s), community (c), and church (ch):

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| --- | --- | --- |
| Type  (s/c/ch) | mm/yy to  mm/yy | Describe Activity/Leadership Responsibilities, Honors and Awards |
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**Certification**

***Have read and understand the enclosed information requested. I affirm that the information I have provided by on this application form and any other material that I have submitted related to this scholarship process is accurate and true to the best of my ability and knowledge. I authorize Crestwood High Alumni Association, Inc. to release the scholarship application information provided by me to the scholarship committee and the Board of Directors for determining eligibility for this award.***

Applicant’s Signature Date