

# TNNA Scholarship Application – Current High School Student



This questionnaire is designed to collect information about your background, your interests and your college and career plans. Your answers to these questions are confidential. Selection will be based on academic performance, leadership and other qualities. Please type or print.

## 1 APPLICANT INFORMATION

Date of Application \_\_\_\_\_

Legal Name in Full \_\_\_\_\_  
Last First Middle Initial

Permanent Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_

Country \_\_\_\_\_

Phone ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Check One: (optional)  Male  Female Social Security Number \_\_\_\_\_

## 2 FAMILY INFORMATION

Please enter complete information about your family below.

### Father

Name \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

### Mother

Name \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Is your father  employed  retired  unemployed  deceased  no contact

Is your mother  employed  retired  unemployed  deceased  no contact

Enter the name of the parent or guardian supporting you: \_\_\_\_\_

Enter the name of the parent or guardian you live with: \_\_\_\_\_

If someone other than your father or mother supports you, give the following information for that person:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_

Relationship to You \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Brother(s): Number \_\_\_\_\_ Age(s) \_\_\_\_\_

Sister(s): Number \_\_\_\_\_ Age(s) \_\_\_\_\_

**3 EDUCATION**

Are you in high school now?  Yes  No

High School graduation date: Month \_\_\_\_\_ Year \_\_\_\_\_

Name of High School \_\_\_\_\_

Address of High School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_

Date expected to begin further study: Month \_\_\_\_\_ Year \_\_\_\_\_

Are you enrolled in college now?  Yes  No If yes, are you a  part-time student  full-time student

What is your planned course of study? \_\_\_\_\_

What is your intended career choice? \_\_\_\_\_

Other than the high school named above, list all schools you attended in the last three years. List the school you attended most recently first.

Name of School	Location (City and State)	Dates of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any advanced, honors or special academic courses you have taken. List the most recent course or program first.

Course or Program	Name of School	Location (City and State)	Dates of Attendance	Hours per Week
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Scholarship Program**

Enter the name and address of your first-choice institution.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_

Check One: Will you be a  Resident  Commuter

Check the highest level of education you expect to achieve through this scholarship funding.

- Two-year specialized training program
- Two-year Associate degree
- Bachelor's degree
- Master's degree
- Doctorate
- Other (specify) \_\_\_\_\_

When do you plan to complete the level of education entered in the question above? \_\_\_\_\_

#### 4 ACTIVITIES/WORK EXPERIENCE

List activities in which you have participated in your school. Include any awards or membership in honorary associations.

Name of Activity	Dates of Participation	Position or Office Held	Special Awards/Honors	Hours per Week
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List sports in which you have participated.

Sport	Dates of Participation	# of Varsity Letters	Position/Event	Special Awards/Honors	Hours per Week
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List volunteer community activities in which you have participated.

Kind of Work	Name of Agency/Organization	Dates of Participation	Special Awards/Honors	Hours per Week
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List jobs (including summer employment) held in the past four years.

Job/Kind of Work	Employer	Summer or School Year	Dates of Employment	Hours per Week
_____	_____	<input type="checkbox"/> summer <input type="checkbox"/> school year	_____	_____
_____	_____	<input type="checkbox"/> summer <input type="checkbox"/> school year	_____	_____
_____	_____	<input type="checkbox"/> summer <input type="checkbox"/> school year	_____	_____

#### 5 EXPERIENCE

Describe the academic and personal experiences that gave you the feeling of greatest achievement or personal pride.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### 6 SPECIAL TALENTS OR INTERESTS

Discuss any special talents, abilities or interests you have that might distinguish you from other applicants.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# TNNA Scholarship Application – Current High School Student Secondary School Report

## 1 TO BE COMPLETED BY STUDENT

Legal Name in Full \_\_\_\_\_  
Last First Middle Initial

**Authorization:** To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, a school must obtain signed authorization before it can release student information for use in this scholarship program.

Permission is hereby given to school officials to release the secondary school record and other requested information for consideration in the scholarship program named above.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's or Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If student is under age 18.)

**Note:** It is your responsibility to ensure your school releases this information by the program deadline (please refer to your cover letter).

## 2 TO BE COMPLETED AND RETURNED BY SCHOOL OFFICIAL

### \*Note for School Official

The student named above is an applicant for a scholarship. To process the application, we need a character and ability assessment, a transcript of the student's secondary school record and a school profile. This information will be used only in connection with the selection of scholarship recipients and will be seen by persons involved in the selection process. If the transcript is not provided, the student will be disqualified. This report should be signed by the evaluator at the bottom of page SSR3. Complete information should be given wherever possible and answers limited to the space provided. Please type or print in black ink.

School Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_

School Official's Name (please print) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

What economic or social conditions describe your community or the occupation of most of the parents of the children in your school?  
(For example, is your community a university town, a mill town, a farming area?)

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Consider this student's interests, work habits and life goals. What is your assessment of the chances the student will be motivated to take advantage of opportunities for further study? Please give reasons for your assessment.

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Are there any unusual conditions that might affect the student's future adjustment to post-secondary education?

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Has this student given any strong evidence of leadership ability?  Yes  No

Please cite specific examples.

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Has the student shown exceptional talent or originality in any specific field such as art, music, science, literature, mathematics or industrial arts?

Yes  No Please cite specific examples.

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What is the student's principal strength or weakness?

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Sometimes special circumstances should be considered when evaluating a student's achievement record and test scores.

If, in your opinion, this student may have been handicapped by any such circumstances, please specify.

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Student's class rank \_\_\_\_\_ How many students in the class? \_\_\_\_\_

Student's grade point average \_\_\_\_\_ based on \_\_\_\_\_ semesters/quarters (circle one)

Who is evaluating the student? \_\_\_\_\_

Relationship to student (principal, teacher, counselor) \_\_\_\_\_

Length of relationship \_\_\_\_\_ If teacher, please state subject(s) \_\_\_\_\_

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