

Partners for Educational Excellence Scholarship Application

To be completed by the student and returned to Ms. Poss, by Friday, April 13, 2018

Student Name _____

Parent(s) Name _____

Social Security Number _____ Telephone # _____

Mailing Address _____

College you plan to attend _____

College Major if known _____

Instructions: (Please provide the following)

1. Provide a statement of 300 words or less setting forth your career objectives. Only typed statements will be accepted.
2. Provide a SR Profile and Resume.
3. Provide an acceptance letter to your College/University.

Partners Scholarship funds are awarded directly to the student's college/university of choice. The check will be mailed to the College/University's Business Office in the name of the College/University and the Student.