

**SWEET SPRINGS FESTIVAL
Scholarship Application
Due to Mrs. Weber by March 8, 2023**

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ DATE OF BIRTH: _____

FATHER'S NAME: _____

OCCUPATION: _____

MOTHER'S NAME: _____

OCCUPATION: _____

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THIS SECTION WILL BE COMPLETED BY THE HIGH SCHOOL COUNSELOR

Class Rank: _____ of _____ GPA: _____ ACT Composite Score: _____

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What school or college do you plan to attend? _____

What is your academic major? _____

The applicant must meet the following requirements in order to receive this scholarship:

- **A. A graduating senior at Sweet Springs R-7 High School**
- **B. Attending a two-year / four-year college or technical school the semester following high school graduation.**

I certify that I meet the above requirements and agree to refund the scholarship if I am unable to attend college in the year awarded.

Signed: _____

Date: _____

School Activities

List all organizations, athletic teams, leadership positions and other activities in which you have participated in high school.

Community Activities

List all organizations, teams, leadership positions and other activities in which you have participated outside of high school.