

Due April 15

THE HERBERT AND GWENDOLYN RAAB EDUCATIONAL TRUST

For Elementary Education Majors  
Sue Goshen, Trustee

APPLICATION FOR SCHOLARSHIP

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

HIGH SCHOOL

CLAY CITY \_\_\_\_\_ NORTHVIEW \_\_\_\_\_

Number of years attended: \_\_\_\_\_ Class Rank: \_\_\_\_\_ out of \_\_\_\_\_ G.P.A. \_\_\_\_\_

If you are currently attending a college of university, please indicate the name and address of the college of university:

\_\_\_\_\_

Please attach an official transcript of grades (REQUIRED)

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_

Please list all dependents, excluding yourself, who reside with your parents or Legal Guardian:

\_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Please list your extra-curricular activities during your high school years: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please indicate below your participation in any community activities during your high school career: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate below your career objectives and why you are interested in elementary education: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list below the college or university you wish to attend upon graduation from high school:

1st choice \_\_\_\_\_ Accepted \_\_\_\_\_ No \_\_\_\_\_

2nd choice \_\_\_\_\_ Accepted \_\_\_\_\_ No \_\_\_\_\_

Please indicate estimated cost of attending college during the coming year:

	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice
Tuition	_____	_____
Room and Board	_____	_____
Books	_____	_____
Supplies	_____	_____
Transportation	_____	_____
Other (please specify)	_____	_____

I plan to \_\_\_\_\_ Live on campus \_\_\_\_\_ Commute from home

Please indicate below your sources of financial support for the coming school year:

Savings \$ \_\_\_\_\_

Scholarship (Please list if known) \_\_\_\_\_

\_\_\_\_\_

Family Support \_\_\_\_\_

Part-time or Full-time job \_\_\_\_\_

Other Support \_\_\_\_\_

TOTAL ANTICIPATED SUPPORT \$ \_\_\_\_\_

1. Approximate gross taxable family income \$ \_\_\_\_\_

2. Family members currently attending college # \_\_\_\_\_

If you are married or if your parents will not be materially contributing to your financial support, explain fully what will be the primary source of financial support which will enable you to attend college.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any hardships that you would like the committee to consider on your behalf or members of your immediate family:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature

Date: \_\_\_\_\_

*The Raab Scholarship committee reserves the right to reject any application that has not been completed or signed by the applicant*