

Egley Scholarship

Criteria:

1. Enrollment as a senior at Apollo-Ridge High School.
2. Academic potential to further education.
3. Family must display financial need.

Applications are due to Mrs. Lukehart by April 25, 2025.

Egley Scholarship Application

Personal Information:

Name: _____

Address: _____

Phone Number: _____ Birth Date: _____

GUIDANCE USE ONLY:

School Information:

G.P.A. _____ Rank in Class: _____

Number in Class: _____

College Boards: Date(s) Taken _____

Best Critical Reading Score: _____ Best Math Score: _____

Parent Information:

Father's Name: _____

Father's Place of Employment: _____

Mother's Name: _____

Mother's Place of Employment: _____

Family Income: _____

Names of persons living in your home:

Father _____

Mother _____

Brother (give ages) _____

Sister (give ages) _____

Others _____

How many brothers and sisters, if any, are now in college?

In what college or university do you wish to enroll?

First Choice: _____

Second Choice: _____

Third Choice: _____

What course of study do you plan to take?

Are there unusual family or personal circumstances you feel warrant attention?

Why do you believe the scholarship committee should select you to receive this award?

Student's Signature:

Date: _____

