



Crouse Corporation Scholarship Application

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|----------------------|--|------------|--------------------------------|----------------|----------|
| Last Name | | First Name | | Middle Initial | |
| Student ID#/SSN | | | Area Code and Telephone Number | | |
| Street Address | | City | | State | Zip Code |
| High School Attended | | | Date of Graduation | | |

High School or College GPA _____ ACT Composite _____

Did you graduate as Valedictorian or Salutatorian? Yes _____ No _____

This application is for: CHOOSE ONE: Fall and Spring Fall ONLY Spring ONLY

Primary Race/Ethnicity:(OPTIONAL)- CHOOSE ONE

- Black, Non-Hispanic American Indian or Alaskan Native Asian or Pacific Islander
 White, Non-Hispanic Hispanic Other

I plan to enroll: CHOOSE ONE Full-time (12 or more hours) 3/4-time (9-11 hours) 1/2-time (6-8 hours)

I plan to major in/my major is: _____

My educational goals include: ___ Associate Degree ___ Bachelor Degree

Please list previous college(s) attended, hours completed, and GPA.

| | | |
|------------------|-------|-----|
| Previous College | Hours | GPA |
| Previous College | Hours | GPA |

**** A high school transcript and letter of recommendation must be attached for the application to be considered. ****

I am requesting scholarship consideration because _____

FINANCIAL CERTIFICATION: I certify that all the information supplied on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I/we have given on this form. I/We realize that this proof may include a copy of my/our U.S. and/or state income tax return. I/We also realize that if I/we do not give proof when asked, the student may not receive scholarship consideration.

Student's Signature: _____ Date _____

Spouse's Signature: _____ Date _____