

APPLICANT INFORMATION

I.

Student's full name: _____

Male: Female:

Telephone No. (Home) _____ (School) _____

Date of Birth: _____ Place of Birth: _____

Citizenship: _____ Social Security No.: _____

Do you have any dependents: _____ If so, please list names and relationship:

FAMILY INFORMATION

II.

Father: _____ Age: _____ Occupation: _____

(Or guardian's name)

Address: _____

Mother: _____ Age: _____ Occupation: _____

(Or guardian's name)

Address: _____

Mother's maiden name: _____

Names and ages of brothers and sisters:

SCHOLASTIC OR APTITUDE ABILITY CONTINUED

- 4. Number in Graduating Class: _____ Rank in Class _____
- 5. High School Attendance Record _____

EDUCATIONAL BACKGROUND AND PLANS

V.

Schools attended (elementary through current grade):

Name of School	Date of Entrance	Period Attended

VI.

What are your career plans?

APPLICATION DEADLINE
Return this form by May 1 to:
Humboldt Alumni Committee
Box 261
Humboldt, Kansas 66749

Additional copies of this form can be downloaded from the HHS Alumni Website or from the HHS Scholarship page. URL's are as follows:
<http://www.usd258.net/alumni/alumni.html> or <http://www.usd258.net/scholar/scholar.htm>