



# THE PACIFIC GROVE HIGH SCHOOL ALUMNI ASSOCIATION, INC.

*A California Non-Profit Public Benefit Corporation Tax ID Number 23-7441371*

**POST OFFICE BOX 51396**

**Pacific Grove, California 93950-6396**

**Established June 2, 1899 — Reactivated April 1, 1962 — Incorporated September 25, 1995**

## PGHSAA SCHOLARSHIP APPLICATION

Please fill out and mail to the above address. Your application must be received or postmarked by March 31<sup>st</sup>.

**PLEASE TYPE OR PRINT** (blue or black ink only, NO felt tips)

STUDENT NAME: \_\_\_\_\_  
Last First e-Mail

Grade Point Average (minimum of 2.0) \_\_\_\_\_

Please indicate which scholarship(s) you would like to receive.

- Culinary**  **Educational**  **Music**  **Sports**  **Vocational**  **Other**

List below your significant activities and awards:

Clubs, required community service, volunteer activities (i.e. band, sports, church, Feast of Lanterns, holiday programs), and other activities not listed above.

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*You may use the back of this form if more room is needed.*

### WORK EXPERIENCE:

EMPLOYER	TYPE OF WORK	LENGTH OF SERVICE	RESPONSIBILITIES

*You may use the back of this form if more room is needed.*

# PGHSAA SCHOLARSHIP APPLICATION FORM

What college do you plan to attend? \_\_\_\_\_

Have you been admitted?  YES  NO If yes, what is your enrollment date? \_\_\_\_\_

**(THE ANSWER TO THE FOLLOWING TWO QUESTIONS REALLY HELPS THE SCHOLARSHIP COMMITTEE MAKE THEIR FINAL DECISION. PLEASE, BE SPECIFIC.)**

What are your educational plans? (College major, degrees, etc.) \_\_\_\_\_

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What are your long-range *career* goals? \_\_\_\_\_

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FURTHER COMMENTS: (Please use this space to add anything of significance, not covered by the previous questions, that you feel would be important in being awarded a scholarship.)

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If your application is late or not filled out properly it will be tossed out.

I herewith submit the following information for consideration for a scholarship from PGHSAA. I understand that this information is used only by the Scholarship Committee and is held in strictest confidence.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Due to COVID Mrs Paris will attach your official transcript.

**Pacific Grove High School Alumni Association Scholarship Application**

PO Box 51396  
Pacific Grove, CA 93950

**Student Name:** \_\_\_\_\_

FAMILY INCOME

This page will be removed from the application before any person other than the counselor is allowed to read the application.

Parents' annual joint income range (The income referred to is the salaries of employed persons and the gross income minus business expenses of self-employed persons, plus income from all other sources.)

**PLEASE CHECK ONE:**

_____ Under \$50,000	_____ \$75,000 to \$100,000
_____ \$50,000 to \$75,000	_____ Over \$100,000

Please describe below any special family financial problems (for example: relatives supported by family, large debts, illness, brothers and/or sisters in college).

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Parent/Guardian (Print Name):

Parent/Guardian Signature \_\_\_\_\_