



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 31st.

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.

☐ **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.

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.) _____

What are your long-range *career* goals? _____

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.)

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.
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Student Signature _____ Date _____

Please attach an unofficial 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).

Parent/Guardian (Print Name):

Parent/Guardian Signature _____