

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

RICHARD REYNOLDS '54 PGHS SCIENCE SCHOLARSHIP APPLICATION FORM

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

□ Check box if you are a US Citizen or a legal documented resident.

Grade point average last two years (minimum of 3.5)_

You must enroll in a 4-year college or university.

You must have a declared major in one of the following: □ Engineering
□ Chemistry
□ Physics □ Computer Science
□ Biological Sciences
□ Mathematics
□ Materials Science

List below your Significant Activities

Club Activities, Required Community Service, Volunteer Activities (i.e. Band, Sports, Church, Feast of Lanterns, holiday programs etc. Awards, and any 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
			f this form if more room is needed

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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 helps the scholarship committee make their final decision. PLEASE , be specific.)
What are your long-range <i>career</i> goals?
FURTHER COMMENTS: (Please use this space to add anything of significance, that was not covered by the previous questions, that you feel would be of importance in being awarded a scholarship.)

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

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

Student Signature_____

Date_____

Please attach an unofficial transcript.

Pacific Grove High School Alumni Association Scholarship Application PO Box 51396 Pacific Grove, CA 93950-6396

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:

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