

Ashe County Christmas Tree Association

SCHOLARSHIP APPLICATION

Full Name:		
Mailing Address:		
City:	State	Zip:
Date of Birth:	Male Female	Telephone:
Email:	Are you employed? Yes No	
Employer's Name:	Employer's Number:	
College You Plan to Attend:	Course of Study:	
College Mailing Address: (if known)		
City:	State:	Zip:
Name Father/Guardian:	Occupation:	
Employer:		
Name Mother/Guardian:	Occupation:	
Employer:		
Check if Applicable: Father Deceased <input type="checkbox"/> Mother Deceased <input type="checkbox"/> Parents Divorced <input type="checkbox"/>		
Siblings Names:	Their Ages:	School/College They Attend:

Organizations:	
Athletics:	
Class Officer:	National Honor Society:
Agricultural Memberships:	
Community Service: (Church, clubs, outside activities)	
Work History:	
Other:	
Briefly explain any special situations that should be considered:	
Are you the first one in your family to attend college: Yes No	
Applicant Signature:	Date:

Student Essay: (May be typed or handwritten, no more than 1 page.)

Please begin your essay with a personal statement describing your short and long term goals. The essay