



STAR SCHOLARSHIP

# APPLICATION

Sponsoring Chapter: IH

Location: BONITA SPRINGS, FL.

*Please type or print:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Application for Academic Year: 2017-18

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

\*Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\* If applicant is married, please complete above section with information for applicant's spouse. Parent information is applicable only when the applicant is a dependent of one or both parents.

List names and ages of any other dependents of father, mother, and applicant. If dependent is attending a post-secondary institution, give school name.

NAME	AGE	SCHOOL
_____	_____	_____
_____	_____	_____
_____	_____	_____

High School Unweighted Cumulative GPA \_\_\_\_\_

Class Rank: \_\_\_\_\_ out of \_\_\_\_\_

SAT: \_\_\_\_\_ / \_\_\_\_\_ Date Taken: \_\_\_\_\_  
Reading / Math

ACT: \_\_\_\_\_ Date Taken: \_\_\_\_\_  
Composite

Please attach a few paragraphs telling us about yourself. We want to get to know you. Include your activities, leadership roles, future goals and why you are a good candidate for this award.

Thank you.