

**LOS MOLINOS HIGH SCHOOL
SCHOLARSHIP FINANCIAL STATUS FORM**

Name: _____ Date: _____

Mailing Address: _____ Phone: _____

City: _____ Zip: _____

College or Vocational School Planning to Attend: _____

Date Course will Begin: _____ Date Course will End: _____

Educational Goal (give name of course of study): _____

At completion of course I will receive a Certificate, Diploma or a Degree (type of degree): _____

Have you ever been, or do you expect to be the beneficiary of a scholarship or other award(s)? YES NO

If yes, give name(s) and amount(s):

NAME:

AMOUNT:

Have you applied for or are you receiving financial aid for the upcoming school year? YES NO

Will you work while attending school? YES NO

If yes, give estimated number of hours:

Budget for full academic year of: _____ How many months? _____

Tuition and Fees (full academic year not monthly): \$ _____

Books and Supplies: \$ _____

Room and Board: \$ _____

I plan to live: In dorm Off Campus At Home

Travel Expenses: \$ _____

Basic Living Expenses: \$ _____

TOTAL COST: \$ _____

I have read the scholarship rules and understand the commitments and obligations I must take upon myself.

Signed _____ Date _____

(An applicant may submit letters of recommendation to supply information about his/her character, ability, and financial needs or unusual circumstances. Such letters are optional, but must be attached to this form)

ADDITIONAL INFORMATION SHOULD BE ATTACHED TO THE BACK OF THIS SHEET.