

Sturgis Charter Public School



427 Main Street/105 West Main Street
Hyannis, Massachusetts 02601
Telephone: 508-778-1782 / 508-771-2780
www.sturgischarterschool.com

Cover Sheet to Accompany Standard Scholarship Form

Scholarship Information:

Scholarship: _____ Date Due: ____/____/____

Sponsor: _____

Scholarship Materials Checklist:

(student generated)

- _____ Scholarship Information (above)
- _____ Completed Scholarship Form (attached)
- _____ Essay/Writing Assignment (attached)
- _____ A copy of your Student Aid Report (SAR)
that includes your Expected Family
Contribution (EFC) (attached)

If you do not intend to file the FAFSA, or if there are any unusual circumstances the Scholarship Committee should take into account, please attach an explanation.

(requested of counselor)

- _____ Official Transcript
- _____ SAT/ACT Scores

Student Applicant:

First Name: _____ Last Name: _____

*I certify that the information provided on the Standard Scholarship Form that accompanies
this cover sheet is complete and accurate to the best of my knowledge.
If requested I agree to furnish proof of the information I have submitted.*

Applicant's Signature: _____ Date: ____/____/____

Sturgis Charter Public School



Standard Scholarship Form

Student Demographic Information:

First Name: _____ Last Name: _____

Gender: Female () Male () Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) ____ - ____

Parent/Guardian Information:

Father First Name: _____ Last Name: _____

Occupation: _____ Telephone Number: (____) ____ - ____

Address (if different than above): _____

City: _____ State: _____ Zip: _____

Mother First Name: _____ Last Name: _____

Occupation: _____ Telephone Number: (____) ____ - ____

Address (if different than above): _____

City: _____ State: _____ Zip: _____

Student High School Information:

GPA: _____ (4 point scale) Class Rank: _____ Decile Class Size: 102

Candidate for Full IB Diploma: Yes () No ()

How many IB Certificate Examinations will you be taking: _____

SAT Scores: Critical Reading _____ Math _____ Writing _____

OR Composite ACT Score: _____

Dates of Attendance (Sturgis): From ____/____ month/year To ____/____ month/year

Anticipated Date of Graduation: ____/____ month/year

Other School(s) Attended: _____

Dates of Attendance: From ____/____ month/year To ____/____ month/year

Guidance Counselor: _____ Telephone # (____) ____ - ____

If requested, an official copy of the student's transcript and a copy of the student's SAT or ACT score report is provided in a sealed envelope bearing the Guidance Counselor's signature.

Extracurricular/Volunteer Activities:

Activity	Grades Participated (9/10/11/12)	Offices Held	Other Recognitions

Other Honors/Awards (Please indicate academic year):

Work Experience:

Employer	Position	Dates (month/year)	
		From	To
		From	To
		From	To
		From	To

Colleges to which you have applied:

College	Date of Application	Admissions Status	Intended Major

If necessary, feel free to attach a list of additional colleges.

Career Plans: _____**Financial Information:**

Family Income 2015: _____ Anticipated Income 2016: _____

Please attach a note explaining any major changes in income.

Number in household: _____

Number of family members who will be attending college in 2016-2017: _____

Which College do you hope to attend: _____

Annual Costs: Tuition _____

Room/Board _____

Fees _____

I certify that the information provided on this form is complete and accurate to the best of my knowledge.

Student's Signature: _____ Date: ____/____/____