

**Syracuse Dunbar Avoca Alumni
Scholarship Application**

2 @ \$300 each

Name _____ Telephone No. _____

Address _____

Parent's Name _____

Is either Parent a S-D-A Alumni? If so, who and year of graduation?

Class Rank _____ G.P.A _____ ACT _____

School of Higher Education you plan to attend _____

Course of Study _____ Length of Course _____

Why did you choose this field for your career? (Please attach essay)

How do you plan to finance your college education? _____

Please attach transcript of high school grades.

Attach a list of your leadership positions, church and community activities as well as school activities you have been involved in during your high school years.

Applicant's Signature

Note: Return this completed application with attachments to the Counselor's office no later than April 1st.