

# THE CAIRO HIGH SCHOOL BAND SPIRIT SCHOLARSHIP

One \$1,000 scholarship will be awarded annually. Applicants must be a graduating senior of Cairo High School and a member of the Cairo High School Band.

**This scholarship will be awarded on the basis of Academics, Band Achievements, Community Service and Financial Need. The scholarship committee will also strongly consider the applicants' attitude, work ethic, and leadership qualities that have been**

Please complete all items on this application form. Application must be submitted by March 4th to the Cairo High School Guidance Department.

## I. Getting To Know You

1. Full Name \_\_\_\_\_

Age \_\_\_\_\_

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

2. Home Address \_\_\_\_\_  
Street/PO Box \_\_\_\_\_ Town/City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_

3. Name of Parents or Guardian \_\_\_\_\_

Address of Parents or Guardian \_\_\_\_\_

## II. Academics

4. High School Cumulative GPA: copy of grades to be attached

5. Indicate latest SAT//ACT scores: \_\_\_\_\_ SAT \_\_\_\_\_ ACT \_\_\_\_\_

6. College or University to be attended (copy of Letter of Acceptance should be attached.) \_\_\_\_\_

7. Field in which you plan to major? \_\_\_\_\_

## III. Community Service Activities

8. What kind of community service projects have you performed in the last two years (ex. Chairperson of food drive, tutoring, Habitat for Humanity, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## IV. Financial Status- Need

9. Father's occupation \_\_\_\_\_

10. Mother's occupation \_\_\_\_\_

11. List any college scholarships you have received, by year, name, and value: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## V. My Achievements in Band and other activities

12. How many years in the band? \_\_\_\_\_

13. Offices held: \_\_\_\_\_

14. Honors won in band: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Summarize other interests and activities indicating major offices, responsibilities, honors, recognition, etc.  
(a) School: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Community: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Additional information you want the Scholarship Committee to know (e.g. unusual circumstances, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_, 20 \_\_\_\_\_  
\_\_\_\_\_  
(Signature of Applicant)