

**FORM A**

**To be completed by the applicant.**

Attachments required:

Essay (1 typed double-spaced page)

**ANTIOCH HIGH SCHOOL ALUMNI ASSOCIATION SCHOLARSHIP APPLICATION**

All materials, including this form, must be received by April 15, 2022. Type or print all information in black ink.

**PART 1 – PERSONAL INFORMATION**

APPLICANT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

NAME OF AHS ANCESTOR/RELATIONSHIP \_\_\_\_\_ GRAD YR \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PARENTS/GUARDIANS (PLEASE CIRCLE):

MR/MRS/MS \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MR/MRS/MS \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MR/MRS/MS \_\_\_\_\_ OCCUPATION \_\_\_\_\_

IF YOU HAVE BEEN AWARDED A SCHOLARSHIP(S) OR APPLIED FOR ANY OTHER TYPE OF FINANCIAL AID OR SCHOLARSHIP(S), PLEASE EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ANTICIPATED DATE/YEAR OF HIGH SCHOOL GRADUATION: \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

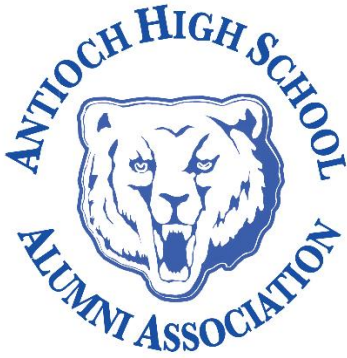
ADDRESS \_\_\_\_\_

NAME AND ADDRESS OF THE TENNESSEE COLLEGE YOU PLAN TO ATTEND:

COLLEGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

MAJOR YOU INTEND TO PURSUE \_\_\_\_\_



**PART 2 - ESSAY**

In an essay, explain how this scholarship would benefit you in pursuing your educational goals. The essay should be typed and double-spaced on white paper, not more than 1 page in length. Be sure to include your name on the essay and include the essay with this application. Essay will be judged on subject content, composition, grammar and neatness.

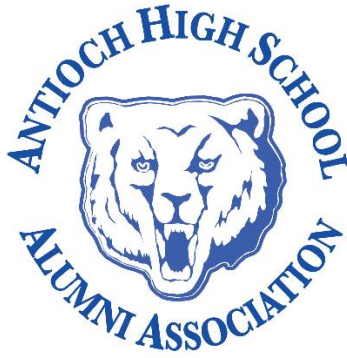
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**PART 3 – COMMUNITY SERVICE**

List and describe the community service activities in which you were involved during high school or college. This may include activities for which you volunteered, participated in leadership and civic events, or from which your community and/or its residents benefited. Please use the space provided – DO NOT attach additional pages. Be sure to include the activities that you feel were most beneficial.

ACTIVITY	DATE	DESCRIPTION

Completed application and attachments must be received by April 15, 2022 by the:  
**Antioch High School Alumni Association Scholarship Program**  
**P.O. Box 513, Antioch, TN 37011**



**Form B**

To be completed by the applicant (Part 1) and the school official (Part 2).

Attachments required: Official school transcripts

**ANTIOCH HIGH SCHOOL ALUMNI ASSOCIATION SCHOLARSHIP APPLICATION**

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**PART 1 (TO BE COMPLETED BY THE APPLICANT)**

Please release my transcripts as application for the Antioch High School Alumni Association Scholarship.

APPLICANT NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DATE OF GRADUATION \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

**PART 2 (TO BE COMPLETED BY THE SCHOOL OFFICIAL)**

SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

ANTICIPATED DATE OF GRADUATION \_\_\_\_\_

CUMULATIVE GPA : \_\_\_\_\_ on a \_\_\_\_\_ scale  
(i.e. 3.0 on a 4.0 scale)

NAME \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**Please attach an official copy of this student's transcript with grades.**

Official transcripts and this form must be received by April 15, 2022 by the:

**Antioch High School Alumni Association Scholarship Program  
P.O. Box 513, Antioch, TN 37011**



**FORM C**

To be completed by the applicant (Part 1) and his/her personal reference (Part 2).

Attachment required: Reference letter – 2 pages maximum

**ANTIOCH HIGH SCHOOL ALUMNI ASSOCIATION SCHOLARSHIP APPLICATION**

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**PART 1 (TO BE COMPLETED BY THE APPLICANT)**

APPLICANT NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DATE OF GRADUATION \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

**PART 2 (TO BE COMPLETED BY THE PERSONAL REFERENCE)**

Please rate the applicant based on the attributes below.

	FAIR	GOOD	EXCELLENT
CONCERN FOR OTHERS			
ENERGY			
WORK ETHIC			
RESPECT FOR OTHERS			
EMOTIONAL MATURITY			
LEADERSHIP ABILITY			
SELF DISCIPLINE			
CREATIVITY			
OVERALL RATING			

REFERENCE NAME \_\_\_\_\_

REFERENCE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Important note to the personal reference:** please attach a letter (no more than 2 pages) to this form, explaining the reasons you think this student is a deserving candidate for the scholarship.

Please keep in mind that the scholarship will be awarded based on the following criteria: community service activities and citizenship (25%), written communication skills (25%), academic achievement (25%), and financial need (25%).

Return form and letter to student OR mail to be received by April 15, 2022 by the:

**Antioch High School Alumni Association Scholarship Program**

**P.O. Box 513, Antioch, TN 37011**



**FORM D FINANCIAL REVIEW FORM**  
To be completed by applicant (PART 1) and  
Financial Aid Officer (Part 2).

**ANTIOCH HIGH SCHOOL ALUMNI ASSOCIATION SCHOLARSHIP APPLICATION**

All materials, including this form, must be received by April 15, 2022. Type or print all information in black ink.

**PART 1 (TO BE COMPLETED BY THE APPLICANT)**

APPLICANT NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

NAME OF COLLEGE: \_\_\_\_\_

COLLEGE ADDRESS: \_\_\_\_\_ CITY, STATE \_\_\_\_\_

**Disclosure Authorization:** I hereby give representatives of the Student Financial Aid Office permission to discuss my financial circumstances with representatives of the Antioch High School Alumni Association Scholarship Program. Please complete the financial aid section of this form and place a copy in my file. The form must be completed by your office and mailed to the AHSAA Scholarship Program by **April 15, 2022**.

**PART 2 (TO BE COMPLETED BY FINANCIAL AID OFFICE)**

**ESTIMATED FAMILY CONTRIBUTION**

Please report the estimated family contribution that the financial aid office used to package this student. The EFC calculation can be based upon federal methodology, institutional methodology or some other method.

EFC \$ \_\_\_\_\_

**Name of Financial Aid Official:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

hereby certify that the information provided on this form is to the best of my knowledge, true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form must be received by **April 15, 2022** by the:

**Antioch High School Alumni Association Scholarship Program**  
**P.O. Box 513, Antioch, TN 37011**



**FORM E**  
To be completed by the applicant and applicant's parent(s)/guardian(s).

**ANTIOCH HIGH SCHOOL ALUMNI ASSOCIATION SCHOLARSHIP APPLICATION**

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**PART 1 – ESSAY**

I hereby certify that the attached essay is my original work.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**PART 2 – SIGNATURES**

I hereby signify that all information on this application is correct to the best of my knowledge. I understand that meeting minimum criteria for this scholarship does not guarantee an award.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian

Signatures \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

**PART 3 – FINANCIAL AID RELEASE AUTHORIZATION**

I hereby authorize the release of financial aid information for the Antioch High School Alumni Association Scholarship.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian

Signatures \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Completed application and attachments should be received by April 15, 2022 by the:

**Antioch High School Alumni Association Scholarship Program**

**P.O. Box 513, Antioch, TN 37011**