



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 June 1, 2024. 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.

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 June 1, 2024 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 June 1, 2024 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 June 1, 2024 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 June 1, 2024. 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 **June 1, 2024**.

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 **June 1, 2024** 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 _____

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Antioch High School Alumni Association Scholarship Program

P.O. Box 513, Antioch, TN 37011