

FORM A

To be completed by the applicant.

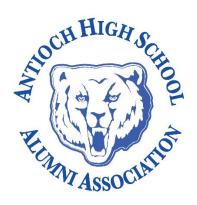
Attachments required:
Essay (1 typed double-spaced page)

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(AID OR SCHOLARSHIP(S), PLEASE EXPLAIN:	P(S) OR APPLIED FOR ANY OTHER TYPE OF FINANCI	AL
ANTICIPATED DATE/YEAR OF HIGH SCHOOL GR		
HIGH SCHOOLADDRESS		_
NAME AND ADDRESS OF THE TENNESSEE COLI		_
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



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

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) 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 SO	CHOOL OFFICIAL)	
PART 2 (TO BE COMPLETED BY THE SC	SHOOL OFFICIAL)	
SCHOOL		
ADDRESS		
CITY, STATE, ZIP		
ANTICIPATED DATE OF GRADUATION _		
CUMULATIVE GPA: on a (i.e. 3.0 on a 4.0 scale)	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

PART 1 (TO BE COMPLETED BY THE APPLICANT)

All materials, including this form, must be received by June 1, 2024. Type or print all information in black ink.

APPLICANT NAME			
SOCIAL SECURITY #		DATE OF GRADUATIO	N
APPLICANT SIGNATURE			
PART 2 (TO BE COMPLETED BY			
Please rate the applicant based on t		,	
	FAIR	GOOD	EXCELLENT
CONCERN FOR OTHERS			
ENERGY			
WORK ETHIC			
RESPECT FOR OTHERS			
EMOTIONAL MATURITY			
LEADERSHIP ABILITY			
SELF DISCIPLINE			
CREATIVITY			
OVERALL RATING			
		1	ı
REFERENCE NAME			
REFERENCE SIGNATURE		DATE	

<u>Important note to the personal reference:</u> 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:



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 TH	IE 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

All materials, including this form, must be received by June 1, 2024. Type or print all information in black ink.

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 meeting minimum criteria for this scholarship does not guarantee a	
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 A Scholarship.	ntioch High School Alumni Association
Applicant Signature	Date
Parent/Guardian Signatures	Date
	Date

Completed application and attachments should be received by June 1, 2024 by the:

Antioch High School Alumni Association Scholarship Program

P.O. Box 513, Antioch, TN 37011