



MINNIE WHITE SCHOLARSHIP APPLICATION

RETURN TO SCHOOL COUNSELOR

Minnie White Scholarship Application

Due Date: April 3, 2024. No applications will be accepted after the due date. Applications must be typed.

Date: _____

Name: _____

Address: _____

City, State, and Zip: _____

Phone: _____

Date of Birth: _____

1. Family - Names and Relationships of Other Persons Residing in Home:
(State ages of brothers and sisters, if any. Do not include age of parent(s).)

Names	Relationship	Age

Occupation and Employer of Parents:

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2. Education - High School Presently Attending

Type of School	Name of School and Complete Mailing Address	No. Years
Current High School		
Other High Schools Attended, if applicable		

3. Extra-Curricular Activities and Year(s):

4. Community Activity/Activities and Year(s):

5. Hobbies:

6. Employment - List any Employment you have or have had

Name of Employer (Company): _____

Dates of employment:

From: _____

To: _____

Name of Employer(Company): _____

Dates of employment:

From: _____

To: _____

Name of Employer (Company): _____

Dates of employment:

From: _____

To: _____

7. College or University You Desire to Attend

College/University	Course of Study	Profession/Occupation

8. Class Rank: _____

9. Grade Point Average: _____

10. Number of Students in Class: _____

11. Financial Aid to be received:

Financial Aid	Amount
Illinois State Grant	
Scholarships	
Loans	
Other (Social Security, Veterans, etc.)	

12. Include Two (2) Letters of Recommendation. One should be from a faculty member and one from an individual in your community.

13. Attach Transcript including SAT Scores.

Signature _____

Date _____

Failure to comply with all requirements and requests of this application
will result in disqualification of your application.