BELOIT HIGH SCHOOL CLASS OF 1993 SCHOLARSHIP APPLICATION

Applicant Inf	formation:
• Full N	lame:
• Phone	e Number:
Email	Address:
Mailin	ng Address:
Academic In	formation:
• Curre	ent GPA:
Intend	ded Field of Study:
• Post-	Secondary Institution (if known):
	say: Along with this application form, applicants must submit a 500-1000 word dresses the following:
0	What does Beloit High School mean to you?
0	In what ways have you contributed to the school community?
0	How will you continue to represent Beloit High School in the future
Please provi	ecommendation: de two letters of recommendation from individuals who can speak to your nievement, civic engagement, and your connection to Beloit High School.

Additional Information:
Please list any other honors, awards, or recognitions you have received that may strengthen your application:
I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false information or failure to submit required materials may disqualify me from receiving this scholarship.
Signature of Applicant: Date:
Application Deadline: 3:30 p.m. on April 16, 2025 Submit this application and all required materials to the Beloit High School Counseling Office
by 3:30 p.m. on April 16, 2025.