



ANNUAL SCHOLARSHIP PROGRAM

1626 Apperson Drive Salem VA 24153
540/389-7135 FAX 540/389-4130
www.rrhba.com

APPLICANT INFORMATION

Name: _____
Last First Middle

Home Address: _____
Street City

State: _____ Zip Code: _____ Phone Number: _____

Date of Birth: _____ Citizenship: _____

High School now attending: _____

Date entered: _____ Date graduating: _____

Other high school(s) attended, with dates: _____

Choice of college or university: _____

Address: _____
Street City State

Classes scheduled to begin: _____

Date of application: _____ Date accepted: _____

Study course: _____ Degree sought: _____

List in order of preference other schools to which you applied:

<u>Other scholarships</u>	<u>Granted or pending</u>	<u>Amount applied for</u>
_____	_____	_____
_____	_____	_____

Recent employment:

<u>Employer</u>	<u>Position</u>	<u>From/To</u>	<u>Total earnings (incl. tips)</u>
_____	_____	_____	_____
_____	_____	_____	_____



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In-school interests and/or activities:

Out-of-school interests and/or activities:

Discuss significant non-academic school, civic, or personal achievements during the past three years. Include any special talents, awards, and recognition.

Discuss academic achievements and future education goals.

What are your goals and aspirations relating to the construction industry?

I understand that, after completion of my education, I will not be expected to contribute any amount, financially or otherwise, to the Roanoke Regional Home Builders Association, Inc.

Date: _____ Signature: _____



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SECONDARY SCHOOL REPORT

Name: _____
Last First Middle

High School now attending: _____

Date entered: _____ Date graduating: _____

Other high school(s) attended, with dates: _____

Scholastic Aptitude Test or ACT: *Please provide percentile scores

Date Taken: _____ Verbal: _____ Math: _____ Writing: _____

Date Taken: _____ Verbal: _____ Math: _____ Writing: _____

Class size: _____ Class ranking (from top): _____ Fall GPA: _____

Describe course pursued by applicant at your school:

Classification of Diploma to be granted: _____

Notes: Provision of school transcript is not required and letter(s) of recommendation are appreciated.

School official completing Secondary School Report:

Please print name

Signature

Date



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PARENT'S CONFIDENTIAL REPORT

Name: _____
Last First Middle

Father, stepfather, or guardian: _____

His employer: _____

Annual income, before taxes: _____

Mother, stepmother, or guardian: _____

Her employer: _____

Annual income, before taxes: _____

Parents separated: _____ Divorced: _____ Applicants lives with: _____

Applicant's choice of college or university: _____

Estimated total annual cost: _____

Number of minor dependents: _____ Other dependents: _____

Explain "other dependents": _____

Dependents in college now: _____ In other private schools: _____

Family annual gross (before taxes) income (all sources) \$ _____

Social Security received, annually \$ _____

Child support received, annually \$ _____

Other non-taxable income received annually \$ _____

Is the applicant receiving income from any source other than parents, after-school or summer jobs? ___ Yes ___ No

If yes, please state the source and amount: _____

Please explain any unusual circumstances affecting your ability to contribute to the applicant's education:

Please explain any circumstances, other than economic, which might affect the applicant's ability to continue his or her education:

Parent's certification: This information is acknowledged to be complete and accurate.

Signature: _____

Relationship to applicant: _____

Date: _____