



COUNCIL OF ST. VINCENT & THE GRENADINES ORGANIZATIONS USA, INC.

SCHOLARSHIP APPLICATION

Please type or print your responses

PERSONAL INFORMATION

Name: Last _____ First _____

Date of Birth: _____
Month Day Year

Mailing Address: _____

Phone Number: _____ Email: _____

High School Attended/Attending: _____

Graduation Date: _____
Month Day Year

Parents/Guardian's Names: _____
Mother's Name Father's Name

ACADEMIC INFORMATION

GPA: _____ SAT Scores: _____
Math Reading Writing

College(s) Applied To: _____

Intended Major/Field of Study _____

EXTRACURRICULAR ACTIVITIES

(e.g. volunteer, peer tutor, soccer team) _____

BRIEF STATEMENT OF FINICIAL NEED: _____

CAREER GOALS: (List 2-3 goals) _____

