

# CHERYL T. LEE SCHOLASTIC AWARD

Eligible candidates are female senior high school students pursuing secondary education at an accredited two-year or four-year college or university, business school, school of nursing, technical school or vocational school. The award will be \$1000.00 payable after presentation of evidence of registration. Please submit application to your Counselor by April 30<sup>TH</sup>.

## FAMILY FINANCIAL STATEMENT (To be completed by parent or guardian)

*Due in  
Counseling Center  
by May 1st*

**PLEASE TYPE OR PRINT IN DARK INK**

STUDENT'S NAME: \_\_\_\_\_

1. Please list below all children's ages without giving names. Please indicate current grade level and whether currently attending post-high school institution.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. For children attending post-high school institutions, list approximate expenses for each:

_____	_____
_____	_____
_____	_____

3. a. Father's or Guardian's Gross Income \_\_\_\_\_  
Father's or Guardian's Net Taxable Income \_\_\_\_\_  
b. Mother's or Guardian's Gross Income \_\_\_\_\_  
Mother's or Guardian's Net Taxable Income \_\_\_\_\_

4. Please explain any special family circumstances that you feel the Committee should know about:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**APPLICANT RESUMÉ**

6. List all school activities in which you have participated. Indicate any elected office. List in order of importance.

Grade 9

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Grade 10

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Grade 11

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Grade 12

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**SCHOOL STATEMENT**

The applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_ students.

Unweighted Average \_\_\_\_\_ Weighted Average \_\_\_\_\_

SAT: Verbal \_\_\_\_\_ Math \_\_\_\_\_

Documented Community Service Hours \_\_\_\_\_

**GUIDANCE COUNSELOR RECOMMENDATION/STATEMENT:**

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**Guidance Counselor /Date**

**Official School Seal:**

**DUE IN COUNSELING CENTER BY: APRIL 30<sup>TH</sup>**