

# **Carr Scholarship Application**

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Full name of parent or guardian: \_\_\_\_\_

Occupation of parent or guardian: \_\_\_\_\_

University you plan to attend: \_\_\_\_\_

What field of education do you plan to enter? \_\_\_\_\_

Activities: List projects, awards, offices held, etc., 4-H, FCCLA, FFA etc.

Community Involvement:

Attach an essay stating your educational and career goals.

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

**Due April 5  
In Counselor's Office**