

Mountain Home Education Foundation CTE Program of Study Completer Scholarship

General Rules/Requirements:

1. Scholarships are open to any MHHS graduating senior who has completed one or more programs of study while maintaining an **overall 2.0 GPA with a C or better** in the completed program of study in which they are applying.
2. A **separate** application must be completed for **each** Program of Study you are applying.
3. A CTE Application Cover Sheet must be attached to the front of your application.
4. Applications must be completed and signed.
5. Applications must be received no later than **Friday, March 10, 2017**.
6. A **seven-semester transcript** must accompany the scholarship application.
7. A **personal essay** not to exceed 200 words relating to value of the scholarship to the applicant must be attached.
8. A **letter of recommendation** must be attached to the application. This letter can NOT be from a relative.
9. Scholarship money of \$500 will be sent directly to the college or technical school of the winner's choice.
10. Scholarship must be used within 1 year unless scholarship committee grants an extension, made by written request from applicant.
11. Application must be **delivered** to:

Mrs. Sheri Smith
CTE Department Chair
Mountain Home High School
500 Bomber Blvd.
Mountain Home, AR 72653

Mountain Home Education Foundation CTE Program of Study Completer Scholarship Application

Cover Sheet

Indicate the Program of Study for which you are applying. A separate application must be filled out for each Program of Study.

- Agriculture – Animal Science
- Agriculture - Power & Structural
- Business/Marketing Technology – Accounting
- Business/Marketing Technology – Banking
- Business/Marketing Technology – Digital Communications
- Business/Marketing Technology – Hospitality
- Business/Marketing Technology - Management
- Construction Technology
- Engineering and Technology—Computer Engineering
- Family & Consumer Sciences - Family and Community Services
- Family & Consumer Sciences - Early Childhood Development
- Family & Consumer Sciences – Education and Training
- Medical Professions Education
- National Defense Cadet Corp

Applicant _____
Name must be typed or printed

Personal Information

Name _____

Home Address _____

Home Phone _____

7-Semester GPA _____

Social Security Number _____

Career Information

What school do you plan to attend? _____

Have you applied and been accepted? _____

For what kind of career do you plan to train? _____

Length of Training Program _____

Family Information

Answer the following for the parent(s) or guardians with whom you live.

Name(s) _____

Occupation(s) _____

Adjusted gross income from their last year's tax return:

___ Under \$15,000

___ \$30,000 - 35,000

___ \$15,000 – 20,000

___ \$35,000 – 50,000

___ \$20,000 – 25,000

___ \$50,000 – 60,000

___ \$25,000 – 30,000

___ Over \$60,000

Total Number of Family members living at home _____

List the names and ages of children living at home. If attending college, please note which college. _____

Please list other family financial concerns that need to be taken into consideration in regard to this scholarship.

Are you now employed? _____ Yes _____ No

If yes, what type of work are you doing and how many hours per week are you working?

Please list the extracurricular activities that you are involved in.

Describe your volunteer service to MHHS and our community.

Applicant Signature and Date _____

Parent /Guardian Signature and Date _____