

Michael Libby Memorial Scholarship Application

Name: _____
Address: _____

Telephone: _____
Birth Date: _____
High School: _____
Year Graduated: _____

Please list the course of study that was your main focus in high school, include any special programs you took part in. _____

Please list sports and other activities you participated in during high school. (include teams, organized clubs, student government, etc.) _____

Special recognition or awards received: _____

Special interests and hobbies: _____

What is your intended career choice? _____

Name & location of secondary school you will attend: _____

Currently enrolled? Yes No

Accepted? Yes No

Please list your work experience during the past four years.

Employer	Dates Employed	Type of work, responsibilities, tasks
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Anticipated Expenses For Continuing Education

Tuition: \$ _____ Housing: \$ _____ Books/Tools/Supplies: \$ _____

How do you plan to pay for continuing your education?

Student savings: \$ _____

Parental contribution: \$ _____

Student loans: \$ _____

Trust Funds: \$ _____

Scholarships: \$ _____

Other: _____

In approximately 300 words or less, please explain why you believe you should receive the Michael Libby Memorial Scholarship and what receiving this award would mean to you. (You may attach a separate sheet to this application.)

Please return completed applications to Angie Carlsen at CHRHS on or before April 16, 2021.