

PEO CHAPTER CJ

Scholarship Application

NAME _____

ADDRESS _____

PARENTS:

FATHER _____ MOTHER _____

What is your educational goal after graduation?

When will you start school? _____

How will your education benefit you in the future?

Will you be receiving scholarships or additional help to attain your goal?

Where do you stand in your graduating class? Counselor's Signature _____

Upper 10% ___ Upper 25% ___ 25-50% ___ Lower 50% ___

What activities have you been involved in during your high school years? (School, Church, & Community). You may continue on the back or use a separate sheet of paper.

To be considered for a Chapter CJ Scholarship, please return this application by 4-1-20 to:
Sue Schneider 82525 Jones Canyon Rd Burwell NE 68823