

# 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 20, 2015**.
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. Kim Fowler  
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 - 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.**

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**Are you now employed? \_\_\_\_\_ Yes \_\_\_\_\_ No**

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

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**Please list the extracurricular activities that you are involved in.**

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**Describe your volunteer service to MHHS and our community.**

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**Applicant Signature and Date \_\_\_\_\_**

**Parent /Guardian Signature and Date \_\_\_\_\_**