

HAMMOND COMMON COUNCIL COLLEGE SCHOLARSHIP APPLICATION

ALL SCHOLARSHIP CHECKS WILL BE MADE PAYABLE TO THE ATTENDING COLLEGE OR UNIVERSITY
DESIGNATING THE STUDENT'S NAME
PLEASE PRINT

Student Name _____

Address _____ City _____ Zip _____

Phone _____ Cell # _____

EMAIL (please print clearly) _____

Please circle one: Hammond City Council District you reside in
{1} {2} {3} {4} {5} {6}

Qualification: 1. Student must be a Hammond, IN resident
2. Student who attends a Hammond HS residing in Robertsdale area

Name of High School _____ High School Class of _____

Grade Point Average (GPA) _____ Minimum 2.00 on a 4.00 scale
(If other than a 4.00 scale, please explain) _____
Class Rank _____

College/University Planning to Attend _____
Two-Year Program _____ or Four-Year Program _____
College Plans/Majors _____

High School Principal's Name _____
High School Principal's Phone Number _____

I, _____, applicant's guidance counselor, certify that the school information on this page is accurate to the best of my knowledge, and the above named student is a college-bound high school senior at the above named school.

Name Phone Date

The information provided is true and accurate. Applications will not be returned.

Applicant's signature _____ Date _____

Parent/Guardian's signature (if student is under 18) _____

Date _____

The application deadline is May 3rd, 2024. All applications received after this deadline WILL NOT BE CONSIDERED