

2024 SCHOLARSHIP APPLICATION

	I
Last Name:	First Name:
Mailing Address	
Address:	City:
St-t-	7:- 0-1
State:	Zip Code:
Phone #:	Email:
Date of	
Birth	Gender:
(MM/DD/YY)	
Cumulative Crade Beint Average (CDA):	(On = 4.0 scale)
Cumulative Grade Point Average (GPA):	(On a 4.0 scale)
Attach proof of GPA: Your most recent school tran	nscript is required.
Name of High School Attending:	
List any academic honors, awards and membership activities while in high school:	
(use a separate sheet if necessary)	
List your hobbies, outside interests, extracurricular activies and school-related volunteer	
activities: (use a separate sheet if necessary)	
List your non-school sponsored volunteer activities	s in the community:
(use a separate sheet if necessary)	

List your work activities: (use a separate sheet if necessary)
College, University or Technical School to be attended:
Have you been accepted to post high school study yet?
Where:
Field of study:
STATEMENT OF ACCURACY FOR APPLICANTS I hereby affirm that all the information provided by e is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship recipient that my picture may be taken and used to promote the Simmons Multimedia/The Borderland Press Scholarship program. I hereby understand that if chosen as a scholarship recipient, according to the Simmons Multimedia/The Borderland Press policy, it is my responsibility to remit to Simmons the appropriate information for my scholarship to be paid directly to me for my fall semester 2024. I hereby understand that I will not submit this application without all the supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.
Applicant Signature:
Date: