

2024 SCHOLARSHIP APPLICATION

(PLEASE FILL IN ALL SECTIONS OR THE APPLICATION WILL BE CONSIDERED INCOMPLETE)

First name:	Last name:		E-mail:	
Address:				
Telephone:	Street		City	Zip
	Home	Cell	Other	
Name of High Schoo	l:	GPA:	ACT/SAT score (opt	ional):
Name & location of	institution(s) you have applied to			
Estimated cost of fir	st year tuition, room & board:			
In what field do you	plan to major?	P. Maryana and the same and the		
Parent's name:			Occupation:	
Parent's name:			Occupation:	-
	ljusted gross income of parents: _ fund your education?			
Do you plan to work during the school year? If yes, how many hours per week?				
Number of brothers and sisters: How many currently attend college?				
Have you applied for any other scholarships?				
Have you been awarded any other scholarships? If so, what award amounts?				
Where did you learn about our scholarship program?				
Please tell us why you want to go to college (attach short essay; please limit your response to 500 words or less).				
All items in the chec	klist below must be mailed in on	P	Geattle Swedish Communit P.O. Box 77313 Geattle WA 98177	ty Scholarships
APPLICATION PACKETS WILL BE ACCEPTED STARTING JANUARY 2, 2024 * ALL MATERIALS MUST BE POSTMARKED BY U.S. MAIL NO LATER THAN MARCH 31, 2024 Scholarship application checklist – Send all of the following:				
 Completed application form (both sides) with attached essay. Transcript of grades (with cumulative GPA) – Please highlight Honors, Intensive, AP or IB courses. Statement of family income (copy of pages 1-2 of 2023 Form 1040 income tax statement or equivalent official documentation). Self addressed, stamped envelope in order to receive notification of results. 				
▶ Please limit additional information to 3 pages (e.g., letters of recommendation, certificates of accomplishment, personal essay, news articles, SAT/ACT scores, etc.) Do not send originals, as applications will be destroyed after selection process is complete. No photos, please. Please do not staple materials together.				

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