

# Perry High School Alumni Association, Inc.



**Mail to:** Perry High School Alumni Association, Inc.  
P.O. Box 327 Perry, OK 73077.

**Postmarked by:** April 22, 2019

**Purpose of the scholarship:** The Perry High School Alumni Association Scholarship was established in 1987 for the purpose of assisting PHS graduates to continue their education beyond high school.

**Who should apply?** All Perry High School Seniors.

**Criteria for awarding scholarship:**

Demonstrated desire to continue education beyond high school.

Demonstrated financial need.

**Scholarship information:** This is a one year, non-renewable scholarship. The amount and number of scholarships awarded are determined each year. In 2018, the Alumni Association presented 21 scholarships in the amount of \$1,800 each. Since 1988 a total of 335 students have received awards amounting to over \$401,250. For more information go to [www.perryokalumni.com](http://www.perryokalumni.com).

**Application information:** Please complete the form and enclose a photo. Photos of scholarship recipients will be used for promotion of the Scholarship program.

Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Address City, State Zip

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Address of Parent or Guardian \_\_\_\_\_  
Address City, State Zip

Phone # of Parent or Guardian \_\_\_\_\_

Mother's place of employment and position \_\_\_\_\_

Father's place of employment and position \_\_\_\_\_

Are there any other members of your family now attending college? Yes No

If yes, please list relationship and years left until their graduation.

\_\_\_\_\_  
\_\_\_\_\_

Name of school you plan to attend: \_\_\_\_\_

Briefly state your career plans:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you intend to pursue a career in teaching or education? Yes No  
(other scholarships may be available)

GPA (based on A = 4.0): \_\_\_\_\_ ACT test comprehensive score: \_\_\_\_\_

List some of the activities in which you are involved at PHS and in the community:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other scholarship or financial aid will you be receiving:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would receiving a PHS Alumni Association Scholarship mean to you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Student Signature \_\_\_\_\_

Would you like to receive the annual PHSAll newsletter by email? Yes No

**\*\*\* Please remember to attach a photo of yourself \*\*\***

**Thank You! Please Consider Becoming An Active PHS Alum!**