

**CITY OF HOLLADAY
SCHOLARSHIP APPLICATION**

Name of applicant_____

High School_____

Home Address_____

City and Zip_____

Phone_____

Email address_____

Cumulative grade point average_____

This scholarship will be based upon academic achievement, leadership and service to the school or community. Preference given to students who reside in Holladay. Children, and grandchildren of Holladay elected officials and Holladay City Manager are not eligible for this award.

Please:

List all academic honors and awards.

List all leadership positions and leadership experiences.

Describe any significant service you have provided within the community or school during your high school years.

Identify one adult reference who can provide a recommendation. Please include name, address, phone and email address.

Please return this application with attached high school transcript or recent report card to your school guidance counselor before **April 15, 2012**