

# Indian Hill Trading Post Scholarship

Student Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

College/University you plan to attend: \_\_\_\_\_

College/University City: \_\_\_\_\_ State: \_\_\_\_\_

Description of public service activities performed during high school (grades 9-12):

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Briefly describe public service activities performed in senior year with the approximate number of hours beside each service.

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Certification of Senior year community service:

I certify that \_\_\_\_\_ served with (name of organization) \_\_\_\_\_ as part of his/her community service during the 2016/17 school year.

Organization Advisor or Representative \_\_\_\_\_

Advisor or Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**DEADLINE: MAY 1  
RETURN APPLICATION TO GUIDANCE OFFICE**