SONIC/KBST SCHOLARSHIP
20__-20__ APPLICATION
The deadline to apply – April 1 to Howard College Financial Aid Office
Please PRINT or TYPE all information requested.

Full Name _____

Social Security Number_____

Address _____

City, State, Zip _____

Home Phone _____

Parent's Name _____

Address (if different) _____

City, State, Zip (if different) _____

Home Phone (if different) _____

I plan to attend Howard College in the :

Summer of _____
OR
Fall of _____
High School Attended _____

School Address _____

School Phone _____

Principal_____

Counselor _____

Graduation Date_____   Overall GPA_____

Future Profession or Career _____

**ON THE BACK OF THIS FORM,
TYPE AN ESSAY IN 200-300 WORDS ABOUT THE FOLLOWING TOPIC:**

What can Howard County do to entice you to return here to live after you complete your education?