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

School Psychologist: \_\_\_\_\_

## **CUMBERLAND COUNTY SCHOOLS STUDENT SERVICES SCHOLARSHIP FUND**

THE WINNER OF THE CCS' STUDENT SERVICES SCHOLARSHIP WILL RECEIVE \$500 TO HELP PAY FOR TUITION, BOOKS OR ANY SCHOOL FEES. PLEASE SUBMIT COMPLETED APPLICATION TO THE EXECUTIVE DIRECTOR OF STUDENT SERVICES LOCATED AT CUMBERLAND COUNTY SCHOOLS, 2465 GILLESPIE STREET, FAYETTEVILLE, NC 28306.

COLLEGE CHOICE:	CAREER OBJECTIVE:
	☐ Health Human Services
	□ Social Work
	☐ Counseling
	□ Psychology
	□ Nursing
STUDENT PERSONAL DATA SHEET	
Full Name:	Email Address:
Full Home Address:	Parent Phone No.:
Date of Birth:	Student Cell Phone No.:
Date of birth:	Student Cell Phone No.:
Father's Full Name:	
Mother's Full Name:	
Will you need financial aid to attend college?	Projected Annual Cost: \$
Milest other courses of side we want and an area of side when a second of the second o	
What other sources of aid are you exploring? (Name any scholarships)	
High School Attended:	
Class of:	Date of Senior Awards:
Extracurricular Activities (only 3 or 4 most important of 9 <sup>th</sup> -12 <sup>th</sup> grade period):	
Accorded to the same (high and 2 contains an analysis)	
Awards or Honors (highest 3 within past 2 years):	
Cumulative (Unweighted) Grade Average (Also Attach Conv. of Transcript):	
Cumulative (Unweighted) Grade Average (Also Attach Copy of Transcript):	
Faith Related Activities (Church/Sunday school, choir, Administrative Board, beyond local church):	
Community Service:	
Employment (during school or summer):	
Γ	
Hobbies:	
What interests you in this profession?:	
what interests you in this profession:	
Signature of at least one Student Services Professional at your school is required.	
Signature of at least one stauent services riviessional at your school is required.	
School Counselor:	Date:
School Nurse:	Date:
School Social Worker:	Date: