

*Application for
Chauncey-Dover Alumni Scholarship*

*Athens High School
1 High School Drive
The Plains, Ohio 45780*

(please print)

Name _____
 First Middle Last Phone Number
Address _____
City _____, Ohio _____ Athens County, Dover Township
 Zip Code
Social Security Number _____ G.P.A. _____
Class Rank _____ Percentile _____
Course of Study _____ ACT Score _____ SAT Score _____

Please submit a copy of your high school transcript with this application

Please list all recognition for academic achievement and/or honors that you have received while attending Athens High School

1. _____
2. _____
3. _____
4. _____
5. _____

Please list all extra-curricular activities that you have participated in during your high school career

1. _____
2. _____
3. _____
4. _____
5. _____

Please list all offices that you have held while attending Athens High School

1. _____
2. _____
3. _____
4. _____
5. _____

Please list your first and second choice of the institution you have chosen for post-high school study

1. _____
2. _____

Please indicate your choice/major of field of study that you have chosen _____

Please list all scholarship(s) applied for and/or will receive for post-high school study

1. _____
2. _____
3. _____

