Buna Classroom Teachers Association Scholarship

Name _____ Phone Number _____

Address _____

Parent's name(s) _____

Birth date _____ _____ Years in Buna High School
Class Rank _____ SAT _____ ACT _____ Current GPA _____

Financial Need (Please indicate family income from the 2006 tax return)
☐ Under $15,000 ☐ $15,000 to $25,000 ☐ $25,000 to $40,000 ☐ Over $40,000

_____ Number of family members at home _____ Number of family members attending college

Scholastic Honors and Awards

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

School and community organizations

_____ _____
_____ _____
_____ _____
_____ _____

Preferred college _____
Desired degree _____

Why do you want this scholarship, and why do you deserve it? (attach additional sheet if needed)