



2024 IMPACT INSTITUTE EDUCATION SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

Name: _____ Phone: _____

Address (Street, City, State, Zip): _____

Email: _____

School District Enrolled in: _____ Cumulative GPA: _____

Parent or Guardian Names: _____

EDUCATIONAL INFORMATION

Career You Are Considering: _____

Estimated Annual Cost of Tuition, Books, Tools: _____

Annual Estimated Amount Contributed to program cost: _____

By self: _____ by family: _____ by other scholarships/grants: _____

SUPPLEMENTAL INFORMATION:

To complete this scholarship application, please:

- 1) Attach / submit an official copy of your high school transcript
- 2) Copy and paste the following list of items (2a – 2d) into a new word document and add your responses. Save the document file name as: Your Last Name + Scholarship Supplement. EX: Smith Scholarship Supplement
 - a. Why do you want to enroll in the Marine Service Technology course?
 - b. What are your career goals/plans?
 - c. What have you done (course work, hobbies) to demonstrate an interest in this field?
 - d. Why are you applying for this scholarship and how will it assist you?