

CLEAR FORK VALLEY EDUCATION ASSOCIATION
Local # 4109

CFVEA SCHOLARSHIP

Students must be an offspring of an association member

Name

Home Address

Home Phone

City

State

Zip

Name of CFVEA Member:

GPA: _____

Class Rank: _____

ACT: _____

Students in Class: _____

College of Choice: _____

CFVEA member name (parent name): _____

High School Achievements (honors, awards, leadership roles, activities, volunteer service):

Other Scholarships you have applied for:

Please highlight your volunteer service (not school related):

Please describe your employment experience (type, hours per week, etc):

Please write a short statement regarding your educational career goals.

How could this scholarship help you?

Application Due: April 15, 2020
In Guidance Office

Please sign your full name