

The Hayden Scholarship Foundation Application

**All items must be completed. Please print in ink or type. Return completed application to:
The Hayden Scholarship Foundation • 9807 Highridge • Las Vegas, NV 89134**

Deadline for Fall, August 15th; Spring, January 15th!

Name _____
 LAST FIRST MIDDLE MAIDEN

Social Security Number _____ Date of Birth _____

E-Mail Address _____ Sex: ____ Male ____ Female

Permanent Address _____
 STREET or P.O. BOX

 CITY STATE ZIP

 COUNTY TELEPHONE NUMBER

Local Address _____
 STREET or P.O. BOX

 CITY STATE ZIP TELEPHONE NUMBER

Enrollment Status: ____New freshman ____Transfer ____Re-Entry ____Currently Enrolled

Classification: ____Freshman ____Sophomore ____Junior ____Senior

This application for scholarships is for the _____ academic school year.

SCORES: ACT _____ SAT _____ High School GPA _____ College GPA (if applicable) _____

Intended College _____ Intended Major _____

High School Graduated From: _____ Date _____

Please note The Hayden Scholarship sends funds directly to the University or College to be applied to tuition expenses.

Please do not forget to complete the second page of the application!!!

List below any honors that you have received. (Include academic, extracurricular, athletic, community service, etc.)

List Extracurricular Activities (Include participation in community activities as well).

If there is any further information that you feel would be helpful to The Hayden Scholarship in considering you for funds please use the following space to explain.

I certify that the information submitted is true and complete to the best of my knowledge.

Signature of Applicant

Date