



INOLA EDUCATIONAL ENRICHMENT FOUNDATION
110 N. Broadway, Inola, OK 74036



Inola Educational Enrichment Foundation Scholarship Application
2022-2023 School Year

Parts I, II and III are to be completed by the applicant's principal or counselor. Parts IV, V, and VI are to be completed by the applicant. All pages along with the Application Form must be returned to the Inola School District Foundation Scholarship Committee.

I. Students Name: _____

Students Home Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (_____) _____

High School Address: P O Box 789, 801 E. Commercial

City: Inola State: OK Zip: 74036

Students Signature: _____ **Date:** _____

Educational Institution Student Plans to attend (Indicate Name and location of School):

First Choice		Second Choice	
School	City, State	School	City, State

Applicant Number _____ (To Be Completed by Counselor)

College Entrance Examination Score: (please circle the examination taken)

ACT Composite Score _____ **SAT** Combined Score _____

II. Students Cumulative High School Grade Point Average (GPA) Excluding Spring Semester of Senior Year. _____

III. Please list Students Classes for Terms Indicated.

Junior Year	Grade

Senior Year	Grade

- Note any Honor's Classes

IV. Financial Need: In the space provided please indicate your family's ADJUSTED GROSS INCOME from your latest tax return by checking the box for correct range.

<input type="checkbox"/>	Under \$15,000
<input type="checkbox"/>	\$15,000 to \$20,000
<input type="checkbox"/>	\$20,000 to \$25,000
<input type="checkbox"/>	\$25,000 to \$30,000

<input type="checkbox"/>	\$30,000 to \$35,000
<input type="checkbox"/>	\$35,000 to \$50,000
<input type="checkbox"/>	\$50,000 to \$65,000
<input type="checkbox"/>	Over \$65,000

Total number of family members living at home: _____

Number of dependents in your parent's family including yourself:

Children _____ Ages _____ Number Attending College _____

V. Extracurricular Activities – Organizations (Years involvement and offices held).

<i>Organization</i>	<i>Years</i>	<i>Offices Held</i>

Honors and Awards:

Community or Other Activities:

VI. Work Activities: Are you now employed: Yes _____ No _____

If yes, what type of work and how many hours per week?

Describe your other work activities and obligations:

In the space provided below, please describe in 75 words or less why you want to be the recipient of the Inola School District Foundation Scholarship. Include the course of study or major field of interest you plan to follow, your proposed occupation or profession and any other abilities you have that were not previously mentioned in this form.

Principal or Counselor: _____ Date: _____

Application deadline is Friday, April 14, 2023. No exceptions! Please return applications to the High School Counselor upon completion.