



Alumni & Friends: Merit Scholarship Application

Applicant's Name _____

Home Street Address _____

City _____ State _____ Zip _____

Applicant's Cell Number: _____ Applicant's Home Number: _____

Applicant's E-mail Address: _____

Name of Applicant's Current School Attending: _____

Applicant's Occupational Training Program: _____

Name of Applicant's SkillsUSA Advisor or Instructor: _____

School Address: _____

City _____ State _____ Zip _____

Advisor's Telephone Number: _____

Advisor's E-mail Address: _____

Is this student a current SkillsUSA member in good standing? Yes No

Which levels of The SkillsUSA Framework Program has this student completed or they participated in at their school? Please List:

Has the student participated in a Community Service Project this year or last year? Yes No

List Service Project(s)? _____

Does this student presently intend to continue his/her occupational training in a college/postsecondary school in the summer or fall of 2020? Yes No

