



CUDDLES FOR KIDS SCHOLARSHIP APPLICATION

Date: _____

GENERAL INFORMATION:

Student Name: _____

Address/City/State/Zip: _____

Telephone: Home _____ Cell _____

Email: _____

SCHOLASTIC INFORMATION:

High School: _____

Cumulative GPA: _____

Class Rank (if applicable): _____

SAT Score (Super Score if applicable): _____

ACT Score (Super Score if applicable): _____

College or School You Plan to Attend: _____

Intended Major/Course of Study: _____

Possible Future Plans: _____

CIVIC AND EXTRACURRICULAR ACTIVITIES:

(Please include any honors or awards, and/or any leadership positions held)

COMMUNITY SERVICE DURING YOU HIGH SCHOOL CAREER:

ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO INCLUDE:

Return Application to:
Cuddles for Kids
P.O. Box 701
Johnstown, PA 15907-0701