



Senior Scholarship Application

Name of applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

E-Mail: _____

High School attending: _____

GPA: _____ Intended Major: _____

College/university you plan on attending: _____

- 1) In a statement, please share your experience and your path toward healing, and a review of any resources/agencies that provide support and counseling to individuals who are survivors of a family member or friend who died by suicide.
- 2) Please attach an official transcript.

Please return to your school (only Tulare City Schools at this time) counselor.