

Municipality of Argyle Growing Communities Scholarship Application



Student Name _____

Civic Address _____

Mailing address: _____

Current School _____

Phone # _____ (home) _____ (cell)

Email address _____

Name of community college, technical school, or trade school

Name of Course _____

Have you included proof of enrollment? _____ Yes _____ No

1. How did you become interested in _____? (Name of course)

2. What are your future career plans?

3. Describe to us your ideal life 10 years from now

4. How and why will this scholarship help you in your career goals?

Signature _____

Date _____