

**Atlantic City High School
Battle By The Bay
Scholarship Application
2010-2011**

Name _____
Address _____ Phone # _____ E-mail _____
City/State/Zip _____ Date of Birth _____
Father's Name _____ *Yearly Income _____
Mother's Name _____ *Yearly Income _____
Siblings:
_____ Age _____
_____ Age _____
_____ Age _____
_____ Age _____

Graduation Date(Month & Year) _____

*Class Rank _____ GPA _____ (REQUIRED)

Colleges Applied _____

*Colleges Accepted _____

Planned Major(s) _____

School Organization(s) Membership _____

Civic/Community/Church Memberships _____

* Areas must be comple