

**CARNIVAL ASSOCIATION OF LONG BEACH
SCHOLARSHIP APPLICATION**

NAME: _____ PHONE: _____

ADDRESS: _____

DOB: _____ HIGH SCHOOL: _____

GPA(4.0Scale) _____ ACT Composite: _____ SAT: _____ Class Rank: _____

PARENTS/GUARDIANS WITH WHOM YOU

LIVE: _____

Number of Children in Family: _____ Number of Family Members in College

College you plan to attend: _____

Intended Major: _____

Please review the following guidelines:

1. **The Carnival Association of Long Beach Scholarship Application must be TYPED or legibly printed.** The application must be mailed to CALB, PO Box 120, Long Beach, MS 39560
2. You must be a senior in high school and live in the 39560 zip code or attend Long Beach High School, St. Patrick, OLA or SSC. You or a family member must have some affiliation with CALB. This can be as a member or volunteer.
3. Please provide an unofficial copy of your transcript
4. Resume listing extracurricular activities, club memberships, offices held, honors and awards, civic, community, church activities, hobbies and other interests, and work experience for grades 9-12.

5. Please answer the questions asked on the application below.
6. **If awarded the scholarship, the check will be sent directly to your college upon proof of registration.**
1. Do you or any family member have affiliation with the Carnival Association of Long Beach? Is so, please list names of members.
2. What do you know about the Carnival Association of Long Beach and the mission of CALB?
3. Do you plan to move back to the Mississippi Gulf Coast after you graduate from college?
4. Where do you see yourself in the future growth of the Coast?
5. How important is community service? How involved have you been with community service?
6. Why are you choosing your school of choice and your major?
7. Who is your role model and why?