**CODE :**

<!DOCTYPE html><html>

<head>

    <title>High School Scholarship Application</title>

</head>

<body>

    <h1>High School Scholarship Application (2024-2025)</h1>

    <h2>BASIC INFORMATION</h2><form>

    <label>Student's Full / Legal Name:</label><br>

    <input type="text" name="first\_name" placeholder="First Name">

    <input type="text" name="last\_name" placeholder="Last Name"><br><br>

    <label>Student ID:</label><br>

    <input type="text" name="student\_id" placeholder="ex: 123654"><br><br>

    <label>Student Address:</label><br>

    <input type="text" name="street\_address" placeholder="Street Address"><br>

    <input type="text" name="street\_address\_2" placeholder="Street Address Line 2"><br>

    <input type="text" name="city" placeholder="City">

    <input type="text" name="state" placeholder="State / Province"><br>

    <input type="text" name="zip" placeholder="Postal / Zip Code">

    <select name="country">

        <option>United States</option>

        <option>Canada</option>

        <option>Other</option>

    </select><br><br>

    <label>Student Phone Number:</label><br>

    <input type="text" name="area\_code" placeholder="Area Code" size="5"> -

    <input type="text" name="phone\_number" placeholder="Phone Number"><br><br>

    <label>Student E-mail:</label><br>

<input type="email" name="email" placeholder="ex: myname@example.com"><br><br>

    <label>Student Birth Date:</label><br>

    <select name="birth\_month">

        <option>Please select a month</option>

        <option>January</option>

        <option>February</option>

        <option>March</option>

        <option>April</option>

        <option>May</option>

        <option>June</option>

        <option>July</option>

        <option>August</option>

        <option>September</option>

        <option>October</option>

        <option>November</option>

        <option>December</option>

    </select>

    <select name="birth\_day">

        <option>Please select a day</option>

        <option>1</option>

        <option>2</option>

        <option>3</option>

        <option>...</option>

        <option>31</option>

    </select>

    <select name="birth\_year">

        <option>Please select a year</option>

        <option>2000</option>

        <option>2001</option>

        <option>2002</option>

        <option>2003</option>

        <option>2004</option>

    </select><br><br>

    <label>Gender:</label><br>

    <input type="text" name="gender"><br><br>

    <input type="submit" value="Next">

</form>

</body>

</html>

