Jourdanton High School Local
Local Scholarship Application

_____
Name of Scholarship

NAME: _____

       FIRST   MIDDLE   LAST

Mailing Address: _____

Contact Phone: _____ **Email:** _____

Father's Name: _____

    Occupation: _____

Was father a Jourdanton High School graduate? ____yes ____year   _____no

Mother's Name: _____

    Occupation: _____

Was mother a Jourdanton High School graduate? ____yes ____year   _____no

Does your family rely on support for meals / other? _____Yes   _____No

How many people live in your home (include yourself)? _____

Number of years at Jourdanton High School _____

Grade Point Average (on 100 scale, as of January of 12th grade year) ____

Rank in class_____**of**_____   **Highest Admission Scores: SAT**_____**ACT** _____

Quarter of Class 1st 2nd 3rd 4th

Paste Photo Here
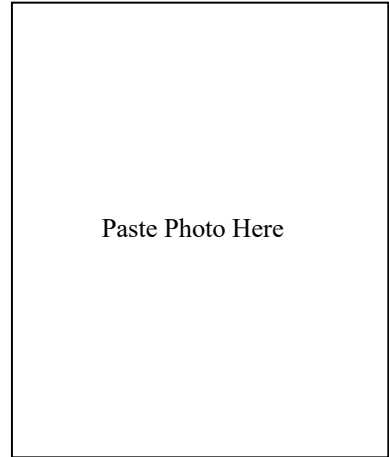
_____
Advisor Signature Required

Extracurricular Activities (List names of all clubs, athletics, UIL literary events in which you participated. If you held an office, list it after the club name and the years in which you were in the office.):

    Activity – List activity as well as offices, committees, etc.

    Awards – List all school, community and church awards you have received while in high school.

    Activities Outside of School – List volunteer, church, hobbies, interests, and community organizations.

Work Experience – List all paid jobs held while in high school, include employers' names(s), dates you worked and number of hours worked per week.

Choice of College – If decided, list the College of your choice. If undecided, list up to 3 colleges you would like to attend.

1. _____   Have you been accepted?   Yes   No

2. _____   Have you been accepted?   Yes   NO

3. _____   Have you been accepted?   Yes   NO

Major – List two majors you are considering for a degree.

1. _____

2. _____

Turn this application in with the specific requirements for the scholarship you are applying for. This may include but not be limited to an essay or recommendations.

I give permission for my school records to be reviewed by adult scholarship committee members considering this application.

STUDENT SIGNATURE _____   **DATE:** _____

If additional space is needed to fully complete any areas, please staple additional pages to this packet.