# **Etta Smith Scholarship**

This scholarship will be for the amount of \$250 and will be presented for eight years.

#### The requirements are:

- --- must be a graduating senior of Gibbon High School
- --- must be planning to pursue a career in the medical field
- --- complete the general application
- --- will be due April 20<sup>th</sup> by 3:00PM to the counselor's office

## **Common Application Form Senior Students**

## **BIOGRAPHIC INFORMATION**

Legal Name:			
Last	First	Middle	
Social Security Number:	er: Gender		
Home Address:			
Home Phone (Area Code/Number):			
FAMILY			
Father's Full Name:		Living?	
Occupation:			
(Describe Briefly) Home Address (if different from yours):			
Mother's Full Name:		Living?	
Occupation:(Describe Briefly) Home Address (if different from yours):			
Brothers and Sisters (Names and Ages):			
ACADEMIC INFORMATION Briefly describe any scholastic distinctions grade and the years the honor was received	/honors you have been a		
Name		Year	

#### EXTRACURRICULAR AND PERSONAL ACTIVITIES

Please list your extracurricular activities, community, and family activities as well as hobbies of interest you have been involved in. Please also list the years you were involved:

Activity		Yea	Year	
WORK EXP	PERIENCE			
Please list the la	ast 3 jobs (including summer e	employment) you have held.		
Employer	Job Description	<b>Dates of Employment</b>	Hrs./Week	

#### PERSONAL STATEMENT

It is our aim to get to know you as well as possible through this application. With this in mind, please describe your educational goals and career plans, and any other special interests, experience or achievements you would like us to know about you. Please explain why you feel you deserve this scholarship and how this scholarship will help you and your family. Please type this statement on an additional sheet of paper and attach it to this application.

OTHER FINANCIAL AID		
I have applied for other scholarship(s): Y		
Please list the scholarship(s) you've appli	ied for:	
I have been awarded one or more scholars	chine: Vac	Jo.
If yes, please list the year(s) you will rece Additionally, please list any grants, gifts,		
receive towards the cost of your education		that you have of will
Name of award	Years you will receive	Amount
I plan to attend (Please name the post-sec	ondary institution or program):	
I plan to attend (Please name the post-sec	condary institution or program):	
I plan to attend (Please name the post-sec	condary institution or program):	
I plan to attend (Please name the post-sec  Current GPA (on % scale):		
Current GPA (on % scale):	Class Rank/Size:	
	Class Rank/Size:	
Current GPA (on % scale):	Class Rank/Size: udent signatures must endorse the	nis scholarship:
Current GPA (on % scale): The following administrator/counselor/sta	Class Rank/Size: udent signatures must endorse th Date: _	

<sup>\*</sup> Please attach a copy of your high school transcript