

GID CAMPBELL/JUNE CHAMBLESS SCHOLARSHIP APPLICATION

·STUDENT MUST PLAY AT LEAST ONE SPORT AND COMPLETE THE SEASON.

·STUDENT MUST HAVE TAKEN ACT OR SAT.

LAST NAME

FIRST NAME

MIDDLE NAME

ADDRESS

TELEPHONE

PARENTS NAME

ARE YOUR PARENTS A MEMBER OF THE ATHLETIC BOOSTER CLUB? **YES/NO**

HAVE YOU TAKEN THE ACT OR SAT? **YES / NO**

NUMBER OF TIMES: _____

DATES TAKEN SAT: _____

DATES TAKEN ACT: _____

TO DATE HAVE YOU RECEIVED ANY OTHER SCHOLARSHIPS: **YES / NO**

PLEASE

LIST: _____

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COLLEGE YOU PLAN TO ATTEND: _____

COURSE OF STUDY: _____

YOU **MUST** USE THE FORM ON BACK TO LIST YOUR HIGH SCHOOL AND COMMUNITY ACTIVITIES. YOU **MUST** ALSO ATTACH A RESUME.

WRITE A SHORT ESSAY DESCRIBING WHAT THIS SCHOLARSHIP WOULD MEAN TO YOU AND ATTACH IT TO THE APPLICATION.

ARE YOUR PARENTS AWARE OF THIS APPLICATION: YES / NO

DEADLINE: MAY 15, 2009

SIGNATURE OF APPLICANT

DATE