

Due Date: April 4, 2025

Student Name:

Scholarship evaluation criteria:

- 1. Financial Need
- 2. Character
- 3. Academics

Complete the attached application form. Return the application and a copy of your transcript to Student Services by Friday, April 4th.

Gertrude B Dobbins Scholarship Application

Due to Student Services on April 4, 2025

** Please attach a copy of your High School Transcript**

Name of Applican	t				
Street Address					
City	Stat	е			
Student Telephon	e Number				
1. Graduation Da	te		2. # of years at current High School		
3. School or College Choice			Accepted		
1st			Yes	No	
2nd			Yes	No	
3rd			Yes	No	
4. Planned major					
5. Career Interests	5				
6. Cumulative high	h school GPA	excluding sp	oring semester senior year		
7. Rank in class after 7 semesters			out of students		
8. SAT scores:	Total	Math	Read/Write		
9. ACT score: Con	nposite				
10. Are you a 21st Century Scholar?			Yes	No	
11. Are you an Honors Diploma Candidate			Yes	No	

12. Financial Need- Family's adjus	sted gross income from last year's tax return:
Under \$25,000	\$100,000-\$125,000
\$25,000-\$50,000	\$125,000-\$150,000
\$50,000-\$75,000	\$150,000-\$200,000
\$75,000-\$100,000	Over \$200,000
13. Name of Father	Occupation
14. Name of Mother	Occupation
15. Number of dependents in your	r parents' family, including yourself
16. Number of children	Ages
Number attending college incl	uding yourself
17. What financial sources (schola you currently have available for yo	
18. How do you plan to fund your	college education? (Other than scholarships or grants)
19. Other financial considerations	s:
20. Extracurricular activities-orga offices held:	nizations, clubs and athletics: years of involvement and
21. Honors and Awards	

23. Work Activities: Are you now employed?	Yes	No
24. If yes, what type of work?		
25. Hours per week		
26. Describe your work activities (such as family bus	iness, family farm, etc.):	
27. Feel free to attach an additional page to fully explassistance to attend college, or supply any additiona sufficient room on this form. (see attached)		
30. Signature of Applicant:	Date:	
31. Signature of Parent or Guardian:	Date:	

22. Community or other activities: