



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 Applicant

Street Address

City

State

Student Telephone Number

1. Graduation Date

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

6. Cumulative high school GPA excluding spring semester senior year

7. Rank in class after 7 semesters

\_\_ out of \_\_ students

8. SAT scores:

Total

Math

Read/Write

9. ACT score: Composite

10. Are you a 21st Century Scholar?

Yes

No

11. Are you an Honors Diploma Candidate

Yes

No



**22. Community or other activities:**

**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 business, family farm, etc.):**

**27. Feel free to attach an additional page to fully explain why you need financial assistance to attend college, or supply any additional information for which there is not sufficient room on this form. (see attached)**

**30. Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_**

**31. Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_**