

Bob Jennings Memorial Scholarship

Application Deadline: Return to Ballinger High School Counselor Office by
April 26, 2018

Criteria: Graduating Senior planning to attend a 4 year University, Junior College,
Community College, or Technical School

Student Name: _____

Mailing Address: _____

Email Address: _____

Telephone: _____ Parent/Guardians: _____

Names of colleges/universities you have applied and status of applications:

NAME	ADDRESS	STATUS
_____	_____	Accepted _____
_____	_____	Accepted _____

Current GPA: _____ Current Rank: _____ (According to the most recently released Rank/GPA)

ACT Composite: _____ SAT math: _____ SAT c.reading: _____ SAT writing: _____

School Activities/Positions Held: _____

Awards & Honors: _____

Community Service: _____

List any scholarships you have been awarded:

NAME OF THE SCHOLARSHIP	AMOUNT
_____	\$ _____
_____	\$ _____

Annual Family Income:

___ Less than \$30,000 ___ \$30,000-50,000 ___ \$50,000-80,000 ___ \$80,000-120,000 ___ More than \$120,000

Are there any unusual circumstances you would like to explain or any comments you
would like to make concerning your financial situation? _____

(attach additional sheets if necessary for any of the information)