

Bob Jennings Memorial Scholarship

Application Deadline: Return to Ballinger High School Counselor Office by **MARCH 7, 2025**

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 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)