

Dobyns-Bennett High School
2019
General Scholarship Application

This completed application must be submitted to the Dobyns-Bennett High School Counseling Office by Thursday, March 11, 2019 (no incomplete applications will be considered).

NAME : _____

Student Phone : _____ Student e-mail _____

Intended Major: _____

College you plan to attend _____

What career are you preparing for _____

GPA: _____ ACT: _____ SAT _____ Class Rank _____ out of _____

Copy of transcript is attached to this application _____ yes _____ no

Have you completed the FAFSA? _____

Father's Name _____

Father's Phone : _____ Father's Employer: _____

Mother's Name _____

Mother's Phone : _____ Mother's Employer: _____

****Make a statement regarding your need for financial assistance for the coming academic year.**

HONORS AND AWARDS

	Date

EMPLOYMENT

	Date

Please answer the following questions (type written is preferable)

1. Describe a specific experience in your life that has had a strong impact on you, and why it was important to you.
2. What has been the biggest obstacle or challenge in your life so far?
How have you overcome it or dealt with it?
3. What are your strengths (personal and/or academic) that have helped you be successful in school and in your other activities?