

HALEY JONES MEMORIAL SCHOLARSHIP APPLICATION



NAME: _____

HOME ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

COLLEGE ATTENDING _____ AREA OF STUDY _____

HIGH SCHOOL GPA _____ GPA (if applicable) _____

PLEASE PROVIDE THE RESULTS OF YOUR ACT AND/OR SAT EXAMS

ACT: _____

MATH READING SCIENCE REASONING COMPOSITE

SAT: _____

VERBAL MATH TOTAL

DID YOU APPLY FOR FAFSA? _____ ARE YOU ELIGIBLE FOR PROMISE SCHOLARSHIP? _____

LIST EXTRA CURRICULAR SCHOOL ACTIVITIES

LIST ALL COMMUNITY ACTIVITIES

LIST ANY VOLUNTEER WORK

The information I have submitted for this application is correct and complete to the best of my knowledge. So that I may be considered for this application, I give permission for my information to be released to the scholarship committee.

SIGNATURE _____ DATE _____

PLEASE INCLUDE WITH THIS APPLICATION A 500 WORD ESSAY OUTLINING YOUR LIFE GOALS AND FUTURE PLANS