



# Lake Jordan HOBO Scholarship Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First Middle Initial

Email Address: \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone # ( )- \_\_\_\_\_ Cell # ( )- \_\_\_\_\_

Name of High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Address of High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

GPA: \_\_\_\_\_ SAT or ACT Score: \_\_\_\_\_ Official Transcript Enclosed \_\_\_\_\_  
100 Scale Please Attach Official Transcript to Follow \_\_\_\_\_

Have You Ever Been Arrested (including juvenile arrest)? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, please explain:

\_\_\_\_\_

What college do you plan to attend? \_\_\_\_\_ Accepted ( ) Pending ( )

Anticipated Major/Career Interest: \_\_\_\_\_

Counselor's Name \_\_\_\_\_ Telephone # ( )- \_\_\_\_\_ Email: \_\_\_\_\_

Counselor's Signature \_\_\_\_\_ (Required for verification of application)  
I verify that the application is true and correct to the best of my knowledge.

Mother's name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home phone # ( )- \_\_\_\_\_ Work phone # ( )- \_\_\_\_\_ Cell # ( )- \_\_\_\_\_

Father's name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home phone # ( )- \_\_\_\_\_ Work phone # ( )- \_\_\_\_\_ Cell # ( )- \_\_\_\_\_



# Lake Jordan HOB O Scholarship Form

Do you work now? \_\_\_\_\_ Yes \_\_\_\_\_ No      If yes, where? \_\_\_\_\_

How many hours do you work per week? \_\_\_\_\_

What other scholarships have you applied for or received? \_\_\_\_\_

\_\_\_\_\_

The number of siblings in your family that will be in college at the same time as you: \_\_\_\_\_

### Community or Civic Volunteer Services in which you participate:

Name of Activity	What did you do?

### School Extracurricular Activities & Leadership Positions in which you have participated:


**Note: For above two items, use additional pages if necessary.**

All candidates will be required to write an essay. Final candidates will be notified for interview.

I certify that all information on this form is accurate to the best of our knowledge. I hereby release my son's/daughter's application, photograph, and essay for media purposes should our family be awarded a scholarship.

\_\_\_\_\_  
Student Signature of Certification

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent Guardian Signature of Certification

Date: \_\_\_\_\_