

Return to Counselor by March 15th, 2019

ROBBIE KNIPP MEMORIAL SCHOLARSHIP

APPLICATION

(Please Print or Type)

Name _____

Date of Birth _____ Telephone Number _____

Address _____

Parents _____

Grade Point Average _____ Class Rank _____ ACT Score _____

Extra-Curricular Activities, Honors, and Awards received:

Describe your community and civic activities:

Where do you plan to go to college? _____

What is your anticipated major?

Describe your career goals:

List the names, address, and telephone number of three personal character references:

1)

2)

3)

What scholarships have you received at this time?

Please state why you think the scholarship selection committee should consider you as a recipient of the Robbie Knipp Memorial Scholarship:

Signature of Applicant

Date of Application