

## **Senior Class of 2026:**

The FCHS local scholarship packet for 2026 is attached. Please review each scholarship application and apply ONLY FOR THOSE FOR WHICH YOU ARE QUALIFIED.

Some of the applications request the following: resume, photograph, recommendation letter (s), personal statement, and/or transcript. Please paper clip (do not staple) these items to your application before returning it to the Counseling Office.

The Counseling office will copy transcripts (including ACT and/ or SAT scores) and will return them to you. To request transcripts, please complete the attached form and return to Mrs. Carson in the Counseling office on/ before **January 30, 2026**. You may pick up transcripts **February 6, 2026**.

The scholarship applications require that a student has APPLIED and BEEN ACCEPTED to a two-or four-year college/university or vocational/technical program. Some scholarship committees require ACT and/or SAT scores (not super scored) to be eligible for consideration.

All scholarship applications (with resume, appropriate required essay, recommendation letter(s) and transcript) must be paper clipped (not stapled) to each scholarship application.

Packet is due in Counseling Office by 12:00 pm noon, Friday, February 11, 2026.

**No late packets will  
be accepted!!!!!!**



**Transcript Request for Local Scholarship Packet**

**Complete form and return to Mrs. Carson on/ before January 30, 2026.**

**Transcript (s) will be available for pick up after February 6, 2026.**

**Attach transcript (s) to each scholarship that requires a transcript.**

**Deadline for scholarship packet turn in is Friday, February 11, 2026 at 12PM.**

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

**Student Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**Number of Transcripts Requested:** \_\_\_\_\_

**Office use only**

**Picked up by:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Franklin County High School Scholarship**

**Cover Page**

**Student Name:** \_\_\_\_\_

**Turn in Date:** \_\_\_\_\_

**Attach this form to the front of your finished scholarship packet.**

**Individual scholarships with required paperwork need to be paper clipped.**

**I am applying for the following scholarships:**

**Name of Scholarship**

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

**(Office use only) Date received in counseling office:** \_\_\_\_\_



# Franklin County High School

## COUNSELING CENTER

Counselors and

Student Advocate

Tina Garner

Dawn Hopkins

Krystal Carpenter

Jeannie Miller

Principal

833 Bypass Rd

Winchester, TN 37398

(931) 967-2294

Fax: (931) 968-0033

Graduation Coach

Ken Bishop

### LETTER OF RECOMMENDATION TEACHER FORM

Teacher's Name: \_\_\_\_\_ Course: \_\_\_\_\_

Student's Name: \_\_\_\_\_

College/University: \_\_\_\_\_

Name of Scholarship: \_\_\_\_\_

Letter Addressed to (Individual or Group): \_\_\_\_\_

Check One: Letter \_\_\_\_\_ Return to student in a sealed envelope provided by student or  
\_\_\_\_\_  
Mail in addressed envelope provided by student

GPA: \_\_\_\_\_ ACT: \_\_\_\_\_ RANK: \_\_\_\_\_

Brief description of the following:

Honors Held:

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Activities:

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Leadership:

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**Personal Statement:** Include pertinent information about your family, financial hardship, and your goal in life or anything that would distinguish you from other applicants.

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Student Signature: \_\_\_\_\_

*(A thank-you note to the teacher writing the letter for you is always a good idea.)*



Qualifications: Must be planning on majoring in Art or Music in college.

## Franklin County High School

### Archeen Larry Memorial Scholarship

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Citizenship: US  Other

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Number of brothers and sisters and ages:  
\_\_\_\_\_  
\_\_\_\_\_

Name of individual who supports you: \_\_\_\_\_

Circumstances that you feel the scholarship committee should consider or why you think you should be considered for this:  
\_\_\_\_\_

Family Gross Income: Below \$10,000 , \$10,000-\$20,000 ,  
20,000-\$30,000 , \$30,000-\$40,000 , \$40,000-\$50,000 ,  
\$50,000-\$60,000 , \$60,000-\$70,000 , Above \$70,000 .

College (s) to which you have applied: \_\_\_\_\_

Intended Major / Career Plan: \_\_\_\_\_

\*Please attach a resume with the following information: Work experience, community service, school or church related activities and any honors, leadership positions or any other accomplishments.

\*On the back side of this application write a short essay about your future educational and career plans.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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To be completed by the Counseling Office. (Not Super scored)

Class Rank \_\_\_\_\_ Out of \_\_\_\_\_ GPA \_\_\_\_\_ ACT Composite \_\_\_\_\_

Qualifications: Must be planning on majoring in Art or Music in college.

### Essay about your future educational and career plans:

**Franklin County High School**  
**Brothers of the Wheel Scholarship**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Citizenship: US  Other

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Number of brothers and sisters and ages:  
\_\_\_\_\_  
\_\_\_\_\_

Name of individual who supports you: \_\_\_\_\_

Circumstances that you feel the scholarship committee should consider or why you think you should be considered for this:  
\_\_\_\_\_  
\_\_\_\_\_

Family Gross Income: Below \$10,000 , \$10,000-\$20,000 ,  
20,000-\$30,000 , \$30,000-\$40,000 , \$40,000-\$50,000 ,  
\$50,000-\$60,000 , \$60,000-\$70,000 , Above \$70,000 .

College (s) to which you have applied: \_\_\_\_\_

Intended Major / Career Plan: \_\_\_\_\_

\*Please attach a resume with the following information: Work experience, community service, school or church related activities and any honors, leadership positions or any other accomplishments.

\*On the back side of this application write a short essay about your future educational and career plans.

To be completed by the Counseling Office.

(Do not Superscore)

Class Rank \_\_\_\_\_ Out of \_\_\_\_\_ GPA \_\_\_\_\_ ACT Composite \_\_\_\_\_

Please write an essay about your future educational and career plans on the back side.

## Essay about your future educational and career plans:

Requirements: Must have a Decherd zip code.

## Decherd Lions Club

### Bill and Juanita Hatchett Memorial Scholarship

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Citizenship: US  Other

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Number of brothers and sisters and ages: \_\_\_\_\_

Name of individual who supports you: \_\_\_\_\_

Circumstances that you feel the scholarship committee should consider or why you think you should be considered for this: \_\_\_\_\_

Family Gross Income: Below \$10,000 , \$10,000-\$20,000 ,

\$20,000-\$30,000 , \$30,000-\$40,000 , \$40,000-\$50,000 ,

\$50,000-\$60,000 , \$60,000-\$70,000 , Above \$70,000 .

College (s) to which you have applied: \_\_\_\_\_

Intended Major / Career Plan: \_\_\_\_\_

\*Please attach a Transcript and resume with the following information: Work experience, community service, school or church related activities and any honors, leadership positions or any other accomplishments.

\*On the back side of this application write a short essay about your future educational and career plans.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by Counseling Office. (Not Super scored)

Class Rank \_\_\_\_\_ Out of \_\_\_\_\_ GPA \_\_\_\_\_ ACT Composite \_\_\_\_\_

Requirements: Must have a Decherd zip code.

## Essay about your future educational and career plans:

## Franklin County High School

### Dave Lowe Engineering Scholarship

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Citizenship: US  Other

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Number of brothers and sisters and ages: \_\_\_\_\_

Name of individual who supports you: \_\_\_\_\_

Circumstances that you feel the scholarship committee should consider or why you think you should be considered for this: \_\_\_\_\_

Family Gross Income: Below \$10,000 , \$10,000-\$20,000 ,

20,000-\$30,000 , \$30,000-\$40,000 , \$40,000-\$50,000 ,

\$50,000-\$60,000 , \$60,000-\$70,000 , Above \$70,000 .

College (s) to which you have applied: \_\_\_\_\_

Intended Major / Career Plan: \_\_\_\_\_

\*Please attach a **Transcript** and **resume** with the following information: work experience, community service, school or church related activities and any honors, leadership positions or any other accomplishments.

\*On the **back side** of this application write a short essay about your future educational and career plans.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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To be completed by Counseling Office. (Not Super scored)

Class Rank \_\_\_\_\_ Out of \_\_\_\_\_ GPA \_\_\_\_\_ ACT \_\_\_\_\_

## Essay about your future educational and career plans:

# Franklin County Democratic Party and Democratic Women Scholarship

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Citizenship: US  Other

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Number of brothers and sisters and ages: \_\_\_\_\_

Name of individual who supports you: \_\_\_\_\_

Circumstances that you feel the scholarship committee should consider or why you think you should be considered for this: \_\_\_\_\_

Family Gross Income: Below \$20,000 , 20,000-\$50,000 , \$50,000-\$80,000 ,  
Above \$80,000  .

Do you consider yourself a Democrat? \_\_\_\_\_

Are you involved in any Democratic Party activities? Please list: \_\_\_\_\_

College (s) to which you have applied: \_\_\_\_\_

Intended Major / Career Plan: \_\_\_\_\_

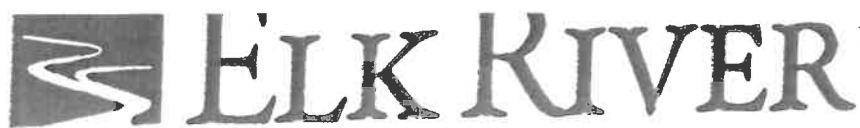
\*Please attach a resume with the following information: Work experience, community service, school or church related activities and any honors, leadership positions or any other accomplishments.

\*On the back side of this application write a short essay about your future educational and which will incorporate the values of the Democratic Party.

Class Rank \_\_\_\_\_ Out of \_\_\_\_\_ GPA \_\_\_\_\_ ACT \_\_\_\_\_ Do not Superscore

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Essay about your future educational and career plans and how those plans will incorporate the values of the Democratic Party:



The Elk River Health and Nursing Center of Winchester Scholarship Fund was established to recognize senior students graduating high school who are pursuing a degree in a healthcare related field. Scholarships are awarded on the basis of academic eligibility, financial need and community service. The award amount for this scholarship is **\$25,000.00 for a 4 year academic term (\$6,250 per year/\$3,125 per semester)**. All scholarships are renewable for a total of four years based on satisfactory

Scholarship Fund for Healthcare [www.elkriverhrofwinchester.com/scholarship-fund](http://www.elkriverhrofwinchester.com/scholarship-fund)



**Call us with  
questions:**

931-967-0200

32 Memorial Dr,  
Winchester, TN 37398,  
United States



**Fillout  
Application:**

Start Application for  
2026 Scholarship



**Application  
Deadline for the  
2026 Scholarship**

**FEBRUARY 11, 2026**

**@12:00PM**

**Go to [www.elkriverhrofwinchester.com/scholarship-fund](http://www.elkriverhrofwinchester.com/scholarship-fund)**

**If you do not have access to a computer to fill out online,  
Come to the counseling office and we can print a paper copy off.**

# Ocoee Foundation Scholarship Application Elk River Health and Nursing Center of Winchester, LLC. 2026

The Ocoee Foundation Scholarship fund was established to recognize senior students graduating high school who are pursuing a degree in a healthcare related field. Scholarships are awarded on the basis of academic eligibility, financial need and community service. The award amount for this scholarship is \$25,000.00 for a 4 year academic term (\$6,250 per year/\$3,125 per semester). All scholarships are renewable for a total of four years based on satisfactory progress towards a degree.

## **CRITERIA/HOW TO APPLY**

Applicant must be graduating from a high school in Franklin County and must have at least a 3.0 cumulative grade point average.

**Complete the FAFSA (Free Application for Federal Student Aid).** This application is available online at [www.fafsa.gov](http://www.fafsa.gov). If you are not able to complete the FAFSA due to a lack of a social security number attach a written notice of DACA (Deferred Action for Childhood Arrivals) from the US Citizenship and Immigration Service. On the FAFSA, Tennessee residents should list at least one Tennessee college or university in order to be considered for state aid. i.e. TN Student Assistance Award and/or TN Education Lottery Scholarship Program). If awarded this scholarship, you are not required to attend a Tennessee college or University.

Complete and submit the application along with ALL required supplemental materials. A late and/or incomplete application packet will not be considered.

Contact the colleges/universities to which you are applying to see if they require you to complete additional financial aid forms. The Facility reserves the right to review transcripts of each recipient's grades periodically and to determine the renewal of any scholarship based on such information.

Qualifications: Must be a Estill Springs resident and a Career Path ( medical field, (human), dr, nurse, emt, pt etc.)

## Franklin County High School

### Estill Springs Lions Club Scholarship

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Citizenship: US  Other

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Number of brothers and sisters and ages: \_\_\_\_\_

Name of individual who supports you: \_\_\_\_\_

Circumstances that you feel the scholarship committee should consider or why you think you should be considered for this: \_\_\_\_\_

Family Gross Income: Below \$10,000 , \$10,000-\$20,000 ,  
20,000-\$30,000 , \$30,000-\$40,000 , \$40,000-\$50,000 ,  
\$50,000-\$60,000 , \$60,000-\$70,000 , Above \$70,000 .

College (s) to which you have applied: \_\_\_\_\_

Intended Major / Career Plan: \_\_\_\_\_

\*Please attach a resume with the following information: Work experience, community service, school or church related activities and any honors, leadership positions or any other accomplishments.

\*On the back side of this application write a short essay about your future educational and career plans.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

To be completed by Counseling office. (Not Super scored)

**Class Rank** \_\_\_\_\_ **Out of** \_\_\_\_\_ **GPA** \_\_\_\_\_ **ACT Composite** \_\_\_\_\_

Qualifications: Must be a Estill Springs resident and a Career Path ( medical field, (human), dr, nurse, emt, pt etc.)

## Essay about your future educational and career plans:

Qualifications: Must be planning on welding career.

## **Franklin County High School**

### **Executive Dockboard Service Scholarship**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Citizenship: US  Other

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Number of brothers and sisters and ages: \_\_\_\_\_

Name of individual who supports you: \_\_\_\_\_

Circumstances that you feel the scholarship committee should consider or why you think you should be considered for this: \_\_\_\_\_

Family Gross Income: Below \$10,000 , \$10,000-\$20,000 ,

\$20,000-\$30,000 , \$30,000-\$40,000 , \$40,000-\$50,000 ,

\$50,000-\$60,000 , \$60,000-\$70,000 , Above \$70,000 .

College (s) to which you have applied: \_\_\_\_\_

Intended Major / Career Plan: \_\_\_\_\_

\*Please attach a resume with the following information: work experience, community service, school or church related activities and any honors, leadership positions or any other accomplishments.

\*On the back side of this application write a short essay about your future educational and career plans.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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To be completed by Counseling Office. (Not Super scored)

Class Rank \_\_\_\_\_ Out of \_\_\_\_\_ GPA \_\_\_\_\_ ACT Composite \_\_\_\_\_

Qualifications: Must be planning on welding career.

## Essay about your future educational and career plans:

Qualifications: Must be an active huddle member for FCA.

## Franklin County High School

### FCA Scholarship

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Citizenship: US  Other

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

List sports involved in and letters received during high school:

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College (s) to which you have applied: \_\_\_\_\_

Intended Major / Career Plan: \_\_\_\_\_

\*Attach Transcript

\*Please attach a resume with the following information: Work experience, community service, school or church related activities and any honors, leadership positions or any other accomplishments.

\*On the back side of this application write a short essay about your future educational and career plans.

(Not Super scored)

Class Rank \_\_\_\_\_ Out of \_\_\_\_\_ GPA \_\_\_\_\_ ACT \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Qualifications: Must be an active huddle member for FCA.

## Essay about your future educational and career plans:

# Franklin County High School

## Franklin County Fair Scholarship

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Citizenship: US  Other

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Number of brothers and sisters and ages:

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Name of individual who supports you: \_\_\_\_\_

Circumstances that you feel the scholarship committee should consider or why you think you should be considered for this:

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Family Gross Income: Below \$10,000 , \$10,000-\$20,000 ,

\$20,000-\$30,000 , \$30,000-\$40,000 , \$40,000-\$50,000 ,

\$50,000-\$60,000 , \$60,000-\$70,000 , Above \$70,000 .

College (s) to which you have applied: \_\_\_\_\_

Intended Major / Career Plan: \_\_\_\_\_

\*Please attach a resume with the following information: Work experience, community service, school or church related activities and any honors, leadership positions or any other accomplishments.

\*On the back side of this application write a short essay about your future educational and career plans.  
(Not Super scored)

Class Rank \_\_\_\_\_ Out of \_\_\_\_\_ GPA \_\_\_\_\_ ACT \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Essay about your future educational and career plans:

Participation in Fair: List ways you have participated in the fair; entered canned goods, produce or home arts in fair, awards won, Junior fair board membership, assisted with activities /events at fair, etc. \_\_\_\_\_

Qualifications: You must be a member of a Franklin County Church of Christ. You must have a letter from your Pastor. You must be baptized Church of Christ.

## Franklin County High School

### Franklin County Christian Memorial Foundation

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Citizenship: US  Other

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Number of brothers and sisters and ages: \_\_\_\_\_

Name of individual who supports you: \_\_\_\_\_

Circumstances that you feel the scholarship committee should consider or why you think you should be considered for this: \_\_\_\_\_

Family Gross Income: Below \$10,000 , \$10,000-\$20,000 ,  
20,000-\$30,000 , \$30,000-\$40,000 , \$40,000-\$50,000 ,  
\$50,000-\$60,000 , \$60,000-\$70,000 , Above \$70,000 .

College (s) to which you have applied: \_\_\_\_\_

Intended Major / Career Plan: \_\_\_\_\_

\*Please attach a resume with the following information: Work experience, community service, school or church related activities and any honors, leadership positions or any other accomplishments.

\*On the back side of this application write a short essay about your future educational and career plans.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

To be completed by Counseling Office. (Not Super scored)

**Class Rank** \_\_\_\_\_ **Out of** \_\_\_\_\_ **GPA** \_\_\_\_\_ **ACT Composite** \_\_\_\_\_

Qualifications: You must be a member of a Franklin County Church of Christ. You must have a letter from your Pastor. You must be baptized Church of Christ.

## Essay about your future educational and career plans:

# Franklin County High School

## General Scholarship

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Citizenship: US  Other

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Number of brothers and sisters and ages:

\_\_\_\_\_

Name of individual who supports you: \_\_\_\_\_

Circumstances that you feel the scholarship committee should consider or why you think you should be considered for this: \_\_\_\_\_

\_\_\_\_\_

Family Gross Income: Below \$10,000 , \$10,000-\$20,000 ,

20,000-\$30,000 , \$30,000-\$40,000 , \$40,000-\$50,000 ,

\$50,000-\$60,000 , \$60,000-\$70,000 , Above \$70,000 .

College (s) to which you have applied: \_\_\_\_\_

Intended Major / Career Plan: \_\_\_\_\_

\*Please attach a resume with the following information: work experience, community service, school or church related activities and any honors, leadership positions or any other accomplishments.

\*On the back side of this application write a short essay about your future educational and career plans. (Not Super scored)

Class Rank \_\_\_\_\_ Out of \_\_\_\_\_ GPA \_\_\_\_\_ ACT \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Essay about your future educational and career plans:

## **George Butler Memorial Scholarship**

**Qualifications: Any student who attended North Lake Elementary School.**

**1. Name:** \_\_\_\_\_

**2. Address:** \_\_\_\_\_

**3. Phone Number:** \_\_\_\_\_

**4. Which Grades did you attend North Lake?**

**Provide a description of your future plans.**

**(College, Trade School, Path of Study, etc.)**

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**Give a brief description of your high school extra-curricular activities and accomplishments.**

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**Write an essay on the back side about what North Lake meant to you and any memories of Mr. Butler.**

**Write an essay about what North Lake meant to you. Include memories of Mr. Butler/and or anyone else that impacted your life. Feel free to share stories and memories of your time at North Lake.**

Qualifications: Must be a football player.

## Franklin County High School

### Jonathan Acklen Scholarship

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Citizenship: US  Other

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Number of brothers and sisters and ages:

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Name of individual who supports you: \_\_\_\_\_

Circumstances that you feel the scholarship committee should consider or why you think you should be considered for this: \_\_\_\_\_  
  

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Family Gross Income: Below \$10,000 , \$10,000-\$20,000 ,

20,000-\$30,000 , \$30,000-\$40,000 , \$40,000-\$50,000 ,

\$50,000-\$60,000 , \$60,000-\$70,000 , Above \$70,000 .

College (s) to which you have applied: \_\_\_\_\_

Intended Major / Career Plan: \_\_\_\_\_

\*Please attach a resume with the following information: Years played football, work experience, community service, school or church related activities and any honors, leadership positions or any other accomplishments.

\*On the back side of this application write a short essay about your future educational and career plans.  
(Not Super scored)

Class Rank \_\_\_\_\_ Out of \_\_\_\_\_ GPA \_\_\_\_\_ ACT \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Qualifications:** Must be a football player.

## Essay about your future educational and career plans:

Check boxes of grades you played football.

Years played football: 9 10 11 12

Qualifications: Must be attending a Technical School.

## Franklin County High School

### Kiwanis Club Technical School Scholarship

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Citizenship: US  Other

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Number of brothers and sisters and ages:  
\_\_\_\_\_  
\_\_\_\_\_

Name of individual who supports you: \_\_\_\_\_

Circumstances that you feel the scholarship committee should consider or why you think you should be considered for this: \_\_\_\_\_  
\_\_\_\_\_

Family Gross Income: Below \$10,000 , \$10,000-\$20,000 ,

\$20,000-\$30,000 , \$30,000-\$40,000 , \$40,000-\$50,000 ,

\$50,000-\$60,000 , \$60,000-\$70,000 , Above \$70,000 .

College (s) to which you have applied: \_\_\_\_\_

Intended Major / Career Plan: \_\_\_\_\_

\*Please attach a resume with the following information: work experience, community service, school or church related activities and any honors, leadership positions or any other accomplishments.

\*On the back side of this application write a short essay about your future educational and career plans.  
(Not Super scored)

Class Rank \_\_\_\_\_ Out of \_\_\_\_\_ GPA \_\_\_\_\_ ACT \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Qualifications:** Must be attending a Technical School.

## Essay about your future educational and career plans:

# Franklin County High School

## Kiwanis Club Scholarship

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Citizenship: US  Other

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Number of brothers and sisters and ages:  
\_\_\_\_\_  
\_\_\_\_\_

Name of individual who supports you: \_\_\_\_\_

Circumstances that you feel the scholarship committee should consider or why you think you should be considered for this:  
\_\_\_\_\_

Family Gross Income: Below \$10,000 , \$10,000-\$20,000 ,  
20,000-\$30,000 , \$30,000-\$40,000 , \$40,000-\$50,000 ,  
\$50,000-\$60,000 , \$60,000-\$70,000 , Above \$70,000 .

College (s) to which you have applied: \_\_\_\_\_

Intended Major / Career Plan: \_\_\_\_\_

\*Please attach a resume with the following information: work experience, community service, school or church related activities and any honors, leadership positions or any other accomplishments.

\*On the back side of this application write a short essay about your future educational and career plans.  
(Not Super scored)

Class Rank \_\_\_\_\_ Out of \_\_\_\_\_ GPA \_\_\_\_\_ ACT \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Essay about your future educational and career plans:

Qualifications: You must be a resident of Franklin County and pursuing a career in the medical field and attend a 2 or 4 year college.

## Good Shepherd Parish

### Linda Bauman Memorial Scholarship

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

If you reside with someone other than your parent (s), give name, occupation and relationship:

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Relationship: \_\_\_\_\_

Number of brothers and sisters and ages and number of siblings in college:

Family Gross Income: Below \$10,000 \_\_\_\_\_, \$10,000-\$20,000 \_\_\_\_\_,

\$20,000-\$30,000 \_\_\_\_\_, \$30,000-\$40,000 \_\_\_\_\_, \$40,000-\$50,000 \_\_\_\_\_,

\$50,000-\$60,000 \_\_\_\_\_, \$60,000-\$70,000 \_\_\_\_\_, Above \$70,000 \_\_\_\_\_.

#### School Information:

(Not Super scored)

Class Rank \_\_\_\_\_ Out of \_\_\_\_\_ GPA \_\_\_\_\_ ACT \_\_\_\_\_

**Qualifications:** You must be a resident of Franklin County and pursuing a career in the medical field and attend a 2 or 4 year college.

**Work Experience:**

<b>Employer:</b>	<b>Duties</b>	<b>Employment Dates</b>	<b>Hours</b>

**Community Service (do not include school or church activities)**


**List: Honors and Awards**


**List: Extra Curricular Activities, Leadership Positions or other Accomplishments (list roles and responsibilities).**


Qualifications: You must be a resident of Franklin County and pursuing a career in the medical field and attend a 2 or 4 year college.

Intended Major: \_\_\_\_\_ Desired Career: \_\_\_\_\_

List colleges or universities to which you have applied. Indicate those to which you have been accepted. List in order of preference.

College:	Accepted: Yes      or      No
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	

Estimated annual budget to attend first choice \$ \_\_\_\_\_

List all scholarships applied for and amount awarded (if known)

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Submit a copy of school transcript (required for consideration of scholarship)

Submit a one to two-page typed essay to include: why this scholarship should be awarded to you, why are you going into the medical profession, what you plan to do to meet expenses not covered by scholarship money, your future educational and career plans, and how you plan to give back to the community.

Submit two letters of recommendation. One from a teacher, and the second one from a non-family member. Must be in sealed envelope with author's signature across the seal.



Qualifications: Applicants for this scholarship should be determined and have a true desire to teach and a passion for learning. Also, have a 19 ACT score and a 3.5 GPA. Applicants must be planning to major in education.

## **Lucy Belle Robertson Scholarship**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Male O or Female O

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Number of brothers and sisters and ages:  
\_\_\_\_\_  
\_\_\_\_\_

Name of individual who supports you: \_\_\_\_\_

Circumstances that you feel the scholarship committee should consider or why you think you should be considered for this:  
\_\_\_\_\_  
\_\_\_\_\_

Family Gross Income: Below \$10,000 \_\_\_\_, \$10,000-\$20,000 \_\_\_\_,  
20,000-\$30,000 \_\_\_\_, \$30,000-\$40,000 \_\_\_\_, \$40,000-\$50,000 \_\_\_\_,  
\$50,000-\$60,000 \_\_\_\_, \$60,000-\$70,000 \_\_\_\_, Above \$70,000 \_\_\_\_.

College (s) to which you have applied:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Intended Major / Career Plan: \_\_\_\_\_

Please attach a Transcript to this application. (Do not Superscore)

Class Rank \_\_\_\_\_ Out of \_\_\_\_\_ GPA \_\_\_\_\_ ACT \_\_\_\_\_

Qualifications: Applicants for this scholarship should be determined and have a true desire to teach and a passion for learning. Also, have a 19 ACT score and a 3.5 GPA. Applicants must be planning to major in education.

**Demographics**

**(Not Super scored)**

US Citizen

Dual Citizen

Primary language spoken at home \_\_\_\_\_

First language \_\_\_\_\_

1. Are you Hispanic/Latino?

Yes, Hispanic or Latino (including Spain)  No

2. Regardless of your answer to the prior question, please select one or more of the following ethnicities that best describe you.

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

\*Write a one page essay and attach to your application explaining why you want to enter the field of education and what attributes you have that will help you be a good teacher. Also explain your course of action in pursuing an education degree. Where are you going to school? What grade level and subject/s do you want to teach, and why?

\*Attach high school transcript.

**Disciplinary History:**

1. Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from 9<sup>th</sup> grade forward, whether related to academic misconduct or behavioral misconduct, that resulted in you probation, suspension, removal, dismissal, or expulsion from the institution.

Yes or  No.

2. Have you ever been convicted of a misdemeanor, felony, or other crime?  Yes or  No

Additional information if there is any additional information you'd like to provide regarding special circumstances, additional qualifications, etc. please do so in the space below or an attached sheet.

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*The Lucy Belle Robertson Scholarship recipient will receive \$500 for the first year of college and upon acceptance to a teacher education program, they will receive \$500. This scholarship's total is \$1,000. The recipient will have to contact the current FCEA president after acceptance to a certified teacher education program, provide proof of acceptance, and then will receive the second \$500.*

**Application  
For  
The Mary Phillips Kirby-Smith Award**

The Hospitality Shop Auxiliary will present the Mary Phillips Kirby-Smith Award in the amount of \$1000.00 to a graduating senior who plans to pursue a degree in the health sciences. The award is renewable provided the recipient maintains a B average in their college coursework.

Any questions email [jmatthew@sewanee.edu](mailto:jmatthew@sewanee.edu)

**IF YOU PREFER, YOU MAY FILL OUT THIS FORM USING THIS LINK:**  
<https://forms.gle/WVUJWHhEvAuYKJuy9>

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

SSN#: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Email address: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

Intended field of health science: \_\_\_\_\_

Clubs/Organizations: \_\_\_\_\_

Extracurricular activities: \_\_\_\_\_  
\_\_\_\_\_

Name of college you will attend in the fall: \_\_\_\_\_

1. In a brief essay (**100-200 words**), please describe why you intend to pursue your chosen degree in the health sciences and why you are a good candidate for this award.
2. The scholarship committee would like to learn a little about you. For the following essay portion of this application, choose one of the following to write a **200-400** word essay:
  - A. Explain how you have helped your family or made your community a better place to live. Please provide specific examples.
  - B. Describe a significant change or experience that has occurred in your life. How did you respond and what did you learn about yourself from that experience?
  - C. How have you overcome a significant challenge in your life, and how has it impacted your personal growth?

**IMPORTANT:** a copy of your high school transcript must accompany this application.

Return application to your college counselor, email the scholarship committee [jmatthew@sewanee.edu](mailto:jmatthew@sewanee.edu) or mail application to:  
The Hospitality Shop Auxiliary, Inc., P.O. Box 343, Sewanee, TN 37375

Requirements: Must be a female athlete and must be a member of Beta Club or NHS.

## Franklin County High School

### *Molly/Abbie Scholarship*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Citizenship: US  Other

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Sport Played: \_\_\_\_\_

Name of individual who supports you: \_\_\_\_\_

Circumstances that you feel the scholarship committee should consider or why you think you should be considered for this: \_\_\_\_\_

Family Gross Income: Below \$10,000 , \$10,000-\$20,000 ,

\$20,000-\$30,000 , \$30,000-\$40,000 , \$40,000-\$50,000 ,

\$50,000-\$60,000 , \$60,000-\$70,000 , Above \$70,000 .

College (s) to which you have applied: \_\_\_\_\_

Intended Major / Career Plan: \_\_\_\_\_

\*Attach Transcript.

\*Please attach a resume with the following information: Work experience, community service, school or church related activities and any honors, leadership positions or any other accomplishments.

\*On the back side of this application write a short essay about your future educational and career plans. (Not Super scored)

Class Rank \_\_\_\_\_ Out of \_\_\_\_\_ GPA \_\_\_\_\_ ACT \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Requirements:** Must be a female athlete and must be a member of Beta Club or NHS.

## Essay about your future educational and career plans:

Qualifications: Must be a football player.

## Franklin County High School

### Rebel Classic Scholarship

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Citizenship: US  Other

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Number of brothers and sisters and ages:  
\_\_\_\_\_

Name of individual who supports you: \_\_\_\_\_

Circumstances that you feel the scholarship committee should consider or why you think you should be considered for this:  
\_\_\_\_\_

Family Gross Income: Below \$10,000 , \$10,000-\$20,000 ,  
20,000-\$30,000 , \$30,000-\$40,000 , \$40,000-\$50,000 ,  
\$50,000-\$60,000 , \$60,000-\$70,000 , Above \$70,000 .

College (s) to which you have applied: \_\_\_\_\_

Intended Major / Career Plan: \_\_\_\_\_

\*Please attach a resume with the following information: Years played football, work experience, community service, school or church related activities and any honors, leadership positions or any other accomplishments.

\*On the back side of this application write a short essay about your future educational and career plans.  
(Not Super scored)

Class Rank \_\_\_\_\_ Out of \_\_\_\_\_ GPA \_\_\_\_\_ ACT \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Qualifications: Must be a football player.

## Essay about your future educational and career plans:

Check boxes of grades you played football.

Years played football:  9  10  11  12

Requirements: Must be going into the teaching profession.

## Franklin County High School

### Retired Teachers Scholarship

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Citizenship: US  Other

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Number of brothers and sisters and ages:

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Name of individual who supports you: \_\_\_\_\_

Circumstances that you feel the scholarship committee should consider or why you think you should be considered for this:

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Family Gross Income: Below \$10,000 , \$10,000-\$20,000 ,

20,000-\$30,000 , \$30,000-\$40,000 , \$40,000-\$50,000 ,

\$50,000-\$60,000 , \$60,000-\$70,000 , Above \$70,000 .

College (s) to which you have applied: \_\_\_\_\_

Intended Major / Career Plan: \_\_\_\_\_

\*Please attach a Transcript and a resume, with the following information: Work experience, community service, school or church related activities and any honors, leadership positions or any other accomplishments.

\*On the back side of this application write a short essay about your future educational and career plans. (Not Super scored)

Class Rank \_\_\_\_\_ Out of \_\_\_\_\_ GPA \_\_\_\_\_ ACT \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Requirements:** Must be going into the teaching profession.

## Essay about your future educational and career plans:

Requirements: Must be planning on going to a Technical School.

## Franklin County High School

### Rotary Club Technical School Scholarship

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Citizenship: US  Other

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Number of brothers and sisters and ages:  
\_\_\_\_\_  
\_\_\_\_\_

Name of individual who supports you: \_\_\_\_\_

Circumstances that you feel the scholarship committee should consider or why you think you should be considered for this:  
\_\_\_\_\_  
\_\_\_\_\_

Family Gross Income: Below \$10,000 , \$10,000-\$20,000 ,

\$20,000-\$30,000 , \$30,000-\$40,000 , \$40,000-\$50,000 ,

\$50,000-\$60,000 , \$60,000-\$70,000 , Above \$70,000 .

College (s) to which you have applied: \_\_\_\_\_

Intended Major / Career Plan: \_\_\_\_\_

\*Please attach a resume with the following information: work experience, community service, school or church related activities and any honors, leadership positions or any other accomplishments.

\*On the back side of this application write a short essay about your future educational and career plans. (Not Super scored)

Class Rank \_\_\_\_\_ Out of \_\_\_\_\_ GPA \_\_\_\_\_ ACT \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Requirements: Must be planning on going to a Technical School.

## Essay about your future educational and career plans:

# Franklin County High School

## Rotary Club Scholarship

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Citizenship: US  Other

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Number of brothers and sisters and ages:

\_\_\_\_\_

Name of individual who supports you: \_\_\_\_\_

Circumstances that you feel the scholarship committee should consider or why you think you should be considered for this: \_\_\_\_\_

\_\_\_\_\_

Family Gross Income: Below \$10,000 , \$10,000-\$20,000 ,

20,000-\$30,000 , \$30,000-\$40,000 , \$40,000-\$50,000 ,

\$50,000-\$60,000 , \$60,000-\$70,000 , Above \$70,000 .

College (s) to which you have applied: \_\_\_\_\_

Intended Major / Career Plan: \_\_\_\_\_

\*Please attach a resume with the following information: work experience, community service, school or church related activities and any honors, leadership positions or any other accomplishments.

\*On the back side of this application write a short essay about your future educational and career plans. (Not Super scored)

Class Rank \_\_\_\_\_ Out of \_\_\_\_\_ GPA \_\_\_\_\_ ACT \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Essay about your future educational and career plans:



# Southern TN Ladies' Society Scholarship Foundation Application

Counseling Office Deadline: \_\_\_\_\_

Amount of Award: varies

***This scholarship is intended to be used in the pursuit of post high school education.***

If the recipient should receive a full scholarship, the STLS scholarship would be relinquished.

## **REQUIREMENTS:**

- (1) Scholarship offered to either a female or male student.
- (2) Applicant must submit the following: 2 letters of recommendation from faculty member, community person, or past/present employer; a resume, with photograph, including extracurricular activities, community service, and employment; a transcript from counseling office including grades, test results, and ACT/SAT scores, and a 1-page typed essay highlighting your personal statement about your goals and aspirations.

## **PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Father or Male Guardian's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Mother or Female Guardian's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Names and ages of brothers and sisters: \_\_\_\_\_

Number of brothers and sisters attending college and where: \_\_\_\_\_

List college(s) to which you have been accepted: \_\_\_\_\_

Intended College Major: \_\_\_\_\_

## **FINANCIAL INFORMATION:**

Amount guaranteed from TN Hope Lottery Scholarship: \$ \_\_\_\_\_

Amount of other scholarships received: \$ \_\_\_\_\_

Household Income – Please circle the correct yearly income range:

Less than \$24,999      \$25K - \$49,999      \$50K - \$74,999      \$75K - \$99,999      \$100K+

## **HIGH SCHOOL ATTENDANCE (TO BE COMPLETED BY COUNSELING OFFICE):**

Absent 9<sup>th</sup> Grade: \_\_\_\_\_ 10<sup>th</sup> Grade: \_\_\_\_\_ 11<sup>th</sup> Grade: \_\_\_\_\_ 12<sup>th</sup> Grade: \_\_\_\_\_ Total Days: \_\_\_\_\_

ACT/SAT Score \_\_\_\_\_ GPA \_\_\_\_\_ Class Ranking \_\_\_\_\_ out of \_\_\_\_\_



Qualifications: Must be going into a Medical Field.

## Franklin County High School

### Southern Tennessee Medical Center Scholarship

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Citizenship: US    Other   

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Number of brothers and sisters and ages:  
\_\_\_\_\_  
\_\_\_\_\_

Name of individual who supports you: \_\_\_\_\_

Circumstances that you feel the scholarship committee should consider or why you think you should be considered for this: \_\_\_\_\_  
\_\_\_\_\_

Family Gross Income: Below \$10,000   , \$10,000-\$20,000   ,

\$20,000-\$30,000   , \$30,000-\$40,000   , \$40,000-\$50,000   ,

\$50,000-\$60,000   , \$60,000-\$70,000   , Above \$70,000   .

College (s) to which you have applied: \_\_\_\_\_

Medical Field / Career Plan: \_\_\_\_\_

\*Attach Transcript.

\*Please attach a resume with the following information: work experience, community service, school or church related activities and any honors, leadership positions or any other accomplishments.

\*On the back side of this application write a short essay about your future educational and career plans.  
(Not Super scored)

Class Rank \_\_\_\_\_ Out of \_\_\_\_\_ GPA \_\_\_\_\_ ACT \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Qualifications:** Must be going into a Medical Field.

## Essay about your future educational and career plans: