2022-2023 Franklin County High School Scholarship Packet



Deadline: February 24, 2023

@12:00 PM

No late packets will be accepted!!

Senior Class of 2023:

The FCHS local scholarship packet for 2023 is attached. Please review each scholarship application and apply ONLY FOR THOSE FOR WHICH YOU ARE QUALIFIED.

Most of the applications request the following: resume, photograph, recommendation letter (s), personal statement, and/or transcript. Please paper clip 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 27, 2023. You may pick up transcripts February 3, 2023.

<u>If you have any unpaid fees, these must be paid before any transcripts can be picked up.</u> Make checks payable to Franklin County High School.

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 to be eligible for consideration.

All scholarship applications (with resume, appropriate required essay, recommendation letter(s) and transcript) must be paper clipped to each scholarship application. Packet is due in Counseling Office by 12:00 pm noon, Friday, February 24, 2023.

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

			/

Transcript Request for Local Scholarship Packet

Complete form and return to Mrs. Carson on/ before January 27, 2023.
No late request will be accepted!!!!!
Transcript (s) will be available for pick up after February 3 2023.
Attach transcript (s) to each scholarship that requires a transcript.
Deadline for scholarship packet turn in is Friday, February 24, 2023 at noon.
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	you finished scholarship packet.					
Individual scholarship with required paperwork need to be stapled.						
am applying for the following s	scholarships:					
Name of Scholarship	Name of Scholarship					
ffice use only) Date received in						



COUNSELING CENTER

833 Bypass Rd Winchester, TN 37398 (931) 967-2294 Fax: (931) 968-0033

COUNSELORS

Tina Garner Dawn Hopkins Sarah Smith

Roger Alsup Principal

LETTER OF RECOMMENDATION TEACHER FORM

1 eacher's Name:	All and a second a		Course:		
College/University	/ :				
Name of Scholarsh	ութ։				
Letter Addressed t	to (Individual or Gr	roup):			
Check One: Letter	rReturn to s	student in sealed e	envelope provided b provided by studen		
	GPA:	ACT:	RANK:		
Brief description of Honors Held:					
Activities:					
Leadership:					
Personal Statement: in life or anything th	Include pertinent at would distinguis	information abou h you from other	t your family, finan	cial hardships, and	your goal
			Signature:		
(A than)	K-vou note to the tes				

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

General Scholarship

Name:	DOB:		Citizenship: USOther_
Address:			1
Home Phone:			
Father's NameOccupation	А	ddress	
Mother's NameOccupation	Ad	ldress	
Number of brothers and sisters and	l ages:		
Name of individual who supports y	/ou:		
Circumstances that you feel the sch should be considered for this:	olarship commit	ttee should o	consider or why you think you
Family Gross Income: Below \$10	0.000 \$10.0	000 \$20 000	
20,000-\$30,000, \$30,000-\$4	10,000, \$10,0	000-\$20,000 000 \$50 000	
\$50,000-\$60,000, \$60,000-\$^			
College (s) to which you have appl	ied:		
Intended Major / Career Plan:			
Please attach a <u>resume</u> with the folschool or church related activities an accomplishments.	lowing informati	ion: work ev	marianaa aammaali
On the back side of this application career plans.	write a short ess	say about yo	our future educational and
Class RankOut of	GPA	ACT	
Student Signature:		Date:	

Essay about your future educational and career plans:

Adam C. Hill Engineering Scholarship

Name:	DOB:		Citizenship: US	Other
Address:				
Home Phone:	Cel	1 Phone:		
Father's Name	Δα	drece		
Occupation	Employer			
Mother's Name	Ada	dress		
Occupation	Employer			
Number of brothers and sisters an	d ages:			
Name of individual who supports	you:			
Circumstances that you feel the sc should be considered for this:	holarship committ	tee should con	nsider or why you t	hink you
Family Gross Income: Below \$1	0,000 . \$10.00	00-\$20,000		
20,000-\$30,000, \$30,000-\$	40,000 . \$40.0)00-\$50 000		
\$50,000-\$60,000, \$60,000-\$	570,000, Abo	ve \$70,000	·	
College (s) to which you have app	lied:			
Intended Major / Career Plan:				
Please attach a <u>resume</u> with the foschool or church related activities a accomplishments.	llowing information	on. Work evn	erionaa aan ''	y service,
On the back side of this application career plans.	n write a short essa	ay about you	r future educational	and
Class RankOut of	GPA	ACT		
Student Signature:		Date		

Essay about your future educational and career plans:	

Scholarship sponsored by: AEDCWC SCHOLARSHIP APPLICATION 2023 FRANKLIN COUNTY HIGH SCHOOL

REQUIREMENTS:

1. Scholarship offered to either a female or male student

2. Applicant must submit the following: (1) **2 letters of recommendation:** one from a faculty member, <u>AND</u> one from a community person, or past/present employer; (2) **a resume**, including extracurricular activities, community service, and employment; and (3) **a transcript from the guidance office** including grades, test results including ACT score of 21 or better. and attendance.

3. A one page 12 pt. font typed essay highlighting your personal statement about your goals and aspirations. This scholarship is intended to be used in the pursuit of post high school education, and if the scholarship recipient should receive a full scholarship, the AEDC scholarship would be relinquished. PERSONAL INFORMATION: Name: _____ Gender: ____ DOB: ____ Permanent Home Address: ______(street) (city) (zip) Telephone number: _____ Cell phone # ____ Email address: _____ Father or Male Guardian's Name:______ Occupation: _____ (street) (zip) Mother or Female Guardian's Name: ______Occupation: _____ Address: (street) (zip) 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: _____ Amount guaranteed from Tennessee Hope Lottery Scholarship: \$_____ *Amount of other Scholarships Received: \$ *Failure to disclose other scholarship monies on this form or in interview will disqualify you from this scholarship.

HOUSEHOLD INCOME - CIRCLE THE CORRECT INCOME RANGE:

Less than \$40,000 \$40,000 - \$80,000 \$80,001-\$120,000 \$120,000+

6		
	4	

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

Franklin County High School

Archeen Larry Memorial Scholarship

Name:	DOB:	Citizenship: USOther
Address:		
Home Phone:	Cell Phone:	
Father's Name	Address	
	Employer	
Mother's Name	Address	
Occupation	Employer	,
Number of brothers and sisters and	d ages:	
Name of individual who supports	you:	
Circumstances that you feel the school should be considered for this:	holarship committee should	consider or why you think you
Family Gross Income: Below \$1		
20,000-\$30,000, \$30,000-\$4	40,000 , \$40,000-\$50.0	00
\$50,000-\$60,000, \$60,000-\$	70,000, Above \$70,00	0
College (s) to which you have apple	lied:	
Intended Major / Career Plan:		
*Please attach a <u>resume</u> with the fol school or church related activities a accomplishments.	llowing information: Work	Avnorion on a community
*On the back side of this application career plans.	n write a short essay about y	our future educational and
Class RankOut of	GPAACT	
Student Signature:		

Essay about your future educational and career plans:			
		·	
		<u> </u>	

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

Requirements: Must have a Decherd zip code.

Decherd Lions Club

Bill Hatchett Memorial Scholarship

Name:	DOB:	Citizenship: USOther
Home Phone:	Cell Phone:	
Father's Name	Address	
Mother's Name	Address	
Number of brothers and sisters	s and ages:	
Name of individual who suppo	orts you:	
Circumstances that you feel th should be considered for this:	e scholarship committee should	d consider or why you think
20,000-\$30,000, \$30,00 \$50,000-\$60,000, \$60,00	w \$10,000, \$10,000-\$20,0 00-\$40,000, \$40,000-\$50,0 00-\$70,000, Above \$70,00	00,
Intended Major / Career Plan:		
*Attach transcript.		
*Please attach a <u>resume</u> with the school or church related activitiaccomplishments.	e following information: Worldes and any honors, leadership	k experience, community service, positions or any other
*On the back side of this application career plans.	ation write a short essay about	your future educational and
Class RankOut of _	GPAACT	
Student Signature:	-	•

Requirements: Must have a Decherd zip code. Essay about your future educational and career plans: Qualifications: Must be a baseball player.

Billy Keith Bradford Baseball Scholarship

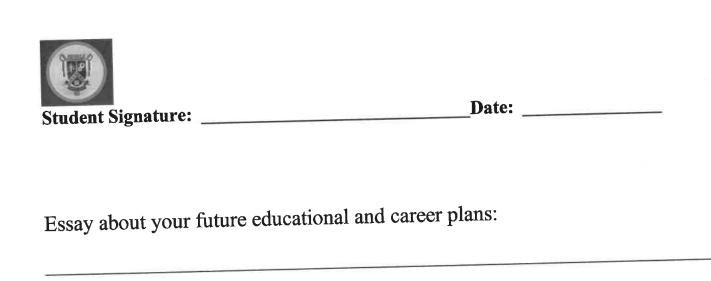
Name: D	OB:
Address:	
Home Phone:	_ Cell Phone:
	Address
	er
	Address
	er
Number of brothers and sisters and ages:	
Name of individual who supports you:	
	ommittee should consider or why you think you
College (s) to which you have applied:	
Intended Major / Career Plan:	
*On the back side of this application write a sho you and how is has impacted your high school	ort essay about: What the game of haseball means to
Class RankOut ofGPA	ACT
Student Signature:	Date:
Family Gross Income: Below \$10,000 \$10	,000-\$20,000
20,000-\$30,000, \$30,000-\$40,000, \$4	0,000-\$50,000,
\$50,000-\$60,000, \$60,000-\$70,000, A	bove \$70,000

ualifications: Must be a baseball player. ssay about: What the game of baseball means to you and how it has impacted your high school	
ars.	
21 3 ,	
Check boxes of grades you played baseball.	



Bon Temps (Temale Only)

Name:	DOB:	Citizenship: USOther
Address:		
Home Phone:	Cell Phone:	
Father's Name	Address	
Mother's Name	Address	
Number of brothers and sister	rs and ages:	
Name of individual who supp	oorts you:	
Circumstances that you feel th	he scholarship committee shoul	d consider on when the
Family Gross Income: Below	w \$10,000, \$10,000-\$20,0	000,
\$50,000-\$60,000, \$60,0	00-\$40,000, \$40,000-\$50,0 000-\$70,000, Above \$70,00	000,
Intended Major / Career Plan:		
*Attach Transcript		
*Please attach a <u>resume</u> with the school or church related activite accomplishments.	he following information: Worlies and any honors, leadership	k experience, community service, positions or any other
*On the back side of this applic career plans.	cation write a short essay about	your future educational and
Class RankOut of _	GPAACT_	





Franklin County High School Brothers of the Wheel Scholarship

Name:	DOB:	Citizenship: US Other
Address:)=====================================	
Home Phone:	Cell Phone:	
Father's NameOccupation	Address	
Mother's NameOccupation	Address	
Number of brothers and sisters a	nd ages:	
Name of individual who supports	s you:	
Circumstances that you feel the s should be considered for this:	cholarship committee should	consider or why you think
Family Gross Income: Below \$ 20,000-\$30,000, \$30,000-\$50,000, \$60,000-	\$40,000, \$40,000-\$50,00	00,
College (s) to which you have ap	plied:	
Intended Major / Career Plan:		
Please attach a <u>resume</u> with the f school or church related activities accomplishments.	Collowing information. Work	evnerience community
On the back side of this applicaticareer plans.	on write a short essay about y	our future educational and
Class RankOut of	GPAACT	
Student Signature:	Date:	



Essay about your future educational and career plans:	

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 Church of Christ

Name:	DOB:	Citizenship: USOther
Address:		
		e:
Father's Name	Address	
Occupation	Employer	
Mother's Name	Address	
Occupation	Employer	
Number of brothers and sisters an		
Name of individual who supports	you:	
	cholarship committee sho	ould consider or why you think you
Family Gross Income: Below \$	10,000, \$10,000-\$20	0,000,
20,000-\$30,000, \$30,000-\$		
\$50,000-\$60,000, \$60,000-		
College (s) to which you have ap	plied:	
Intended Major / Career Plan:		
	following information: W	ork experience community service
On the back side of this application career plans.	on write a short essay abo	out your future educational and
Class RankOut of	A(CT
Student Signature:		ate•

Essay about your future educational and career plans:	

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.

Citizens Community Bank Scholarship Application

In order to qualify for this scholarship, you, your parents, legal guardian, or grandparents must have a relationship with our bank. You also must be planning to attend a four-year college or university full time.

Name	DOB
Social Security Number	
Street Address	City
Home or Cell Phone Number	
	Average ACT Score
Relationship with the bank (list name of a	ccount holder and their relationship to you)
Father's Name	
	Employer
Mother's Name	
Occupation	Employer
If you reside with someone other than your	parent(s), give name, occupation, and relationship.
Name	_Occupation
Relationship	-
Number of Siblings in household	Ages
Number of Siblings in College	

Family Gross Income (check proper range):
Below \$10,000 \$10,000-\$30,000\$31,000-\$50,000
\$51,000-\$70,000\$71,000 - \$100,000\$101,000-\$120,000
\$121,000-\$150,000 Above \$151,000
Estimated annual budget to attend your first choice of college or university. \$
To which colleges or universities have you applied? Also state which ones you have been accepted to.
Have you applied for other scholarships?yesno
List scholarships and amounts already awarded:
What plans do you have for meeting expenses not covered by scholarship money? Include
What plans do you have for meeting expenses not covered by senous supplies the commitments made for part-time and summer employment.
Communicates made for part time and canadas 1
Intended MajorDesired Career
Please attach a transcript and personal resume detailing extra-curricular and community service/
Please attach a transcript and personal resume detailing extra curricular and community volunteer activities. Also attach a ONE-page double spaced typed essay of what you plan to do with
your education and why you have chosen this career path.
your education and many your
Date
Applicant's SignatureDate
Please return all applications to:



1418 Dinah Shore Bivd., Winchester, TN 37398 517 Main St., Huntland, TN 37345

Citizens Community Bank Dr. Mike Stewart Memorial Technical Scholarship Franklin County High School

In order to receive this scholarship, you, your parents, legal guardian OR grandparents must have a relationship with our bank. You must be planning to attend a technical school.

Name	DOB
Social Security Number	
Address	
ZIPPhone	
Class RankOut ofGrade	PointAverage
Relationship with the bank (name of account holder)	
Father's Name	
Occupation	Employer
Mother's Name	
Occupation	Employer
Number of SiblingsAges	
Number of Siblings in College	
Family Gross Income:	

Give a brief exp	lanation of why this scholarsh	ip will help you.	,	,
-				
-				
Briefly describe	the field you hope to enter, ar	nd what made you decide to		
-				
Students Work Employer	Experience Duties	Dates Held	Hours per Week	
o -				
Community Inv	rolvement/School Involvemen	t and Clubs		
₽=				
(=				
Honors, Leader	ship Positions and Accomplish			
3 -				
*Please attach a	a transcript.			
Applicants Sign	nature	Dar	te	
Disease waterway	ll amplications to			

Please return all applications to:



1418 Dinah Shore Blvd., Winchester, TN 37398 517 Main St., Huntland, TN 37345

Pave Lowe Engineering Scholarship

Name:	DOB:	Citizenshin: US Other		
Address:				
Home Phone:	Cell Phone:	•		
Father's NameOccupation	Address			
Mother's NameOccupation	Address			
Number of brothers and sisters and	ages:			
Name of individual who supports yo	ou:			
Circumstances that you feel the school should be considered for this:	olarship committee shoul	ld consider on when we the 1		
Family Gross Income: Below \$10	,000, \$10,000-\$20,0	000,		
20,000-\$30,000, \$30,000-\$40,000, \$40,000-\$50,000,				
\$50,000-\$60,000, \$60,000-\$7				
College (s) to which you have applie	ed:			
Intended Major / Career Plan:				
Please attach a <u>resume</u> with the following school or church related activities and accomplishments.	Owing information: work	Avnorionas some		
On the back side of this application write a short essay about your future educational and career plans.				
Class RankOut of	GPAACT	1		
Student Signature:	Date	e.•		

Majoring in Mathematics or Engineering

Essay about your future educational and career plans:

DORIS LONDON MEMORIAL SCHOLARSHIP

Counseling Office Deadline:

- Applicant must submit one high school recommendation form from a teacher/coach/administrator and a resume' (with photograph) and transcript (with ACT and/or SAT scores).
- 2. Write a 200 word personal typed essay explain Why I Want To Attend College (or Vocational/Technical School).

PRESONAL INFORMATION:				
Name:	DOE	3:		
Permanent Home Address:				
Telephone Number:				
Father Name:				
Father's Address:				
Mother's Name:				
Mother's Address:				
Names and ages of brothers and sist				
If you live with someone other than your parents, please give name, relationship and occupation.				
Name:				
Address:				
HOUSEHOLD INCOME - CIRCLE THE PROPER RANGE:				
Less than \$24, 999	\$25,000- \$49,999	\$50,000 - \$74,999		
\$75,000 - \$99,999	\$100,000 - \$124,999+			
Amount guaranteed from Tennessee Hope Lottery Scholarship: \$				
List college or vocational/technical school accepted:				
List intended college major or area of vocational study:				

*

Qualifications: Must be a Estill Springs resident.

Franklin County High School

Estill Springs Lions Club Scholarship

Name:	DOB:	Citizenship: USOther
Address:		Other
Home Phone:	Cell Phone:	
Father's Name	Address	
Mother's Name	Address Employer	
Number of brothers and siste	ers and ages:	
	ports you:	
Circumstances that you feel t	the scholarship committee should:	l consider on when and it is
20,000-\$30,000, \$30,0	ow \$10,000, \$10,000-\$20,00 000-\$40,000, \$40,000-\$50,0 000-\$70,000, Above \$70,00	00,
	e applied:	
Intended Major / Career Plan:		
'Please attach a resume with t	the following information: Work ities and any honors, leadership p	Avnorionae estate
On the back side of this applicareer plans.	ication write a short essay about y	your future educational and
Class RankOut of	GPAACT_	
Student Signature:	Date:	

Essay about your future educational and career plans:

Qualifications: Must be a Estill Springs resident.

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 NameOccupation	Address	
Mother's NameOccupation	Address	
Number of brothers and sisters and ag	es:	
Name of individual who supports you:		
Circumstances that you feel the schola should be considered for this:	rship committee shoul	d consider or why you think
Family Gross Income: Below \$10,00 20,000-\$30,000, \$30,000-\$40,0 \$50,000-\$60,000, \$60,000-\$70,0	00, \$40,000-\$50,	000,
College (s) to which you have applied:		
Intended Major / Career Plan:		
Please attach a <u>resume</u> with the follow school or church related activities and a accomplishments.	ing information, work	evnerience community acres
On the back side of this application write a short essay about your future educational and career plans.		
Class RankOut of	_GPAACT	
Student Signature:		e:

Essay about your future educational and career plans:		

Qualifications: Must be planning on welding career.

Qualifications: Must be an active huddle member for FCA.

Franklin County High School TCA Scholarship

Name:	DOB:	Citizenship: USOther_	
Address:			
Home Phone:	Cell Phone:		
Father's Name	Address		
Mother's Name	Address		
OccupationEmployer List sports involved in and letters received during high school:			
College (s) to which you have ap	oplied:		
Intended Major / Career Plan: _			
*Attach Transcript			
*Please attach a <u>resume</u> with the school or church related activitie accomplishments.	following information: Worlds and any honors, leadership	k experience, community service, positions or any other	
*On the <u>back side</u> of this applicant career plans.	tion write a short essay about	your future educational and	
Class RankOut of			
Student Signature:	Date	:	

Essay about your future educational and career plans:		

Qualifications: Must be an active huddle member for FCA.

Franklin County Democratic Party and Democratic Women Scholarship

Name:	DOB:	Citizenship: US _ Other
Address:		
Home Phone:	Cell Phone:	
Father's NameOccupation	Address	
Mother's NameOccupation	Address	
Number of brothers and sisters and		
Name of individual who supports y		
Circumstances that you feel the sch should be considered for this:	olarship committee should	consider or why you think you
Family Gross Income: Below \$20 Above \$80,000	0,000 , 20,000-\$50,000	\$50,000-\$80,000
Do you consider yourself a Democr	at?	
Are you involved in any Democratic		ist:
College (s) to which you have apple		
Intended Major / Career Plan:		
Please attach a <u>resume</u> with the folschool or church related activities araccomplishments.	lowing information: Work and any honors, leadership p	experience, community service, positions or any other
On the back side of this application which will incorporate the values of	write a short essay about the Democratic Party.	your future educational and
Class RankOut of	GPAACT_	
Student Signature:		•

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

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Franklin County High School Tranklin County Tair Scholarship

Name:	DOB:	Citizenship: USOther
Address:		
Home Phone:	Cell Phone	e:
Father's Name	Address	
Occupation	Employer_	
Mother's Name	Address	
Occupation	Employer_	
Number of brothers and sisters	and ages:	
Name of individual who support	rts you:	
Circumstances that you feel the should be considered for this:	scholarship committee sho	uld consider or why you think
Family Gross Income: Below 20,000-\$30,000	\$10,000, \$10,000-\$20	,000,
20,000-\$30,000, \$30,000 \$50,000-\$60,000, \$60,000	0-\$70,000, \$40,000-\$50 0-\$70,000, Above \$70	,000,
Intended Major / Career Plan:		
*Please attach a <u>resume</u> with the school or church related activitie accomplishments.	following information: Wa	ork evnerience community
On the <u>back side</u> of this applica career plans.	tion write a short essay abou	ut your future educational and
Class RankOut of	GPAAC	T
Student Signature:	Da	ite:



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		

George Butler Memorial Scholarship

Qualifications: Any student who attended North Lake Elementary School.

Δ	Name:ddress:
P	hone Number:
V	hich Grades did you attend North Lake?
>	ovide a description of your future plans.
	ollege, Trade School, Path of Study, etc.)
_	
	ve a brief description of your high school
:X	tra-curricular activities and accomplishments.

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.			
at North Lane.			

Qualifications: Must be a football player.

Franklin County High School

Ionathan Acklen Scholarship

Name:	DOB:	Citizenship: USOther
Address:		·
Home Phone:		hone:
Father's Name	Addre	200
Occupation	Employer	ess
Mother's Name	Addres	22
Occupation	Employer_	
Number of brothers and sisters	and ages:	
Name of individual who support	orts you:	
Circumstances that you feel the	e scholarship committee	should consider or why you think you
Family Gross Income: Below	v \$10,000, \$10,000-	\$20,000
20,000-\$30,000, \$30,00		
\$50,000-\$60,000, \$60,00	00-\$70,000, Above S	\$70,000
College (s) to which you have	applied:	
Intended Major / Career Plan:		
Please attach a resume with the	e following information: school or church related	Years played football, work activities and any honors, leadership
On the back side of this applications of the career plans.	ation write a short essay	about your future educational and
Class RankOut of _	GPA	ACT
Student Signature:		

Essay about your future education	onal and	career plan	s:		
		,			
8					
Check boxes of grades you	played	football.			
Years played football:			11	12	

Qualifications: Must be a football player.

Franklin County High School

Kiwanis Club Scholarship

Name:	DOB:	Citizenship: USC	Other
Address:			
Home Phone:		Phone:	
Father's Name	Ado	dress	
Occupation	Employer		
Mother's Name	Addı	ress	
Occupation	Employer		
Number of brothers and sisters an	nd ages:		
Name of individual who supports	you:		
Circumstances that you feel the so should be considered for this:	cholarship committe	ee should consider or why you thinl	k you
Family Gross Income: Below \$	10,000, \$10,00	0-\$20,000	
20,000-\$30,000, \$30,000-\$			
\$50,000-\$60,000, \$60,000-\$			
Intended Major / Career Plan:			
	ollowing information	n: work experience community of	ervice,
On the back side of this application career plans.	on write a short essa	y about your future educational and	d
Class RankOut of	GPA	ACT	
Student Signature:			

Essay about your future educational and career plans:

Qualifications: Must be attending a Technical School.

Franklin County High School Kiwanis Club Technical School Scholarship

Name:		DOB:	-	Citizenship: USOther
Home Phone:		Ce	ll Phone:	
Father's Name_		A	ddress	
Occupation		Employer_		
Mother's Name		Ad	ldress	
Occupation		Employer_		
Number of brothe				
Name of individu	al who supports y	/ou:		
Circumstances tha	at you feel the sch	olarship commi	ttee should c	onsider or why you think you
1	come: Below \$1			
	, \$30,000-\$4			
\$50,000-\$60,000), \$60,000-\$	70,000, Ab	ove \$70,000_	
College (s) to whi	ich you have appl	ied:		
Intended Major / C				
Please attach a <u>res</u> school or church reaccomplishments.	sume with the following selated activities a	llowing informat nd any honors, le	tion: work ex eadership po	experience, community service, sitions or any other
Class Rank	Out of	GPA	ACT	
Student Signature				
THERETE STURFFILL	a *		Data	

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

Qualifications: Must be attending a Technical School.

Franklin County High School

The Ladies of Faith at West Cumberland Street Church of Christ Scholarship

Name:	DOB:	Citizenship: USOther
Address:		
Home Phone:	Cell Phone:	
Father's Name	Address	
Occupation	Employer_	
Mother's Name	Address	
Occupation	Employer	
Number of brothers and sisters an	nd ages:	
Name of individual who supports	s you:	
Circumstances that you feel the s should be considered for this:	cholarship committee shoul	ld consider or why you think you
Family Gross Income: Below \$	10,000, \$10,000-\$20,0	000,
20,000-\$30,000, \$30,000-\$		
\$50,000-\$60,000, \$60,000-		
College (s) to which you have ap	plied:	
Intended Major / Career Plan:		
*Attach transcript.		
*Please attach a <u>resume</u> with the for school or church related activities accomplishments.	ollowing information: Wor and any honors, leadership	k experience, community service, positions or any other
On the back side of this application of the back side of this application.	on write a short essay about	your future educational and
Class RankOut of	GPAACT	

Student Signature:	Date:
Essay about your future educational	and career plans:

Good Shepherd Parish Linda Bauman, CRNA Memorial Scholarship

Value: \$1,000

school.			
Student Name:		DOB:	
Address:			
Home Phone:		Cell Phone:	
Father's Name:			
Occupation & Employe	er:		
Address if different from			
Mother's Name:			
Occupation & Employ	er:		
Address if different fr			
relationship:		parent (s), give name, o	
		ion:	
Relationship:			
Number of siblings:	Ages:	Number of siblings in	n college:
Family Gross income	: Circle proper range:		
Below \$10,000	\$10,001-\$20,000	\$20,001-\$30,000	\$30,001-\$40,000
\$40,001-\$50,000	\$50,001-\$60,000	\$60,001-\$70,000	\$70,001-\$90,000
\$90,001-\$110,000	Above \$110,001		

Qualifications: Must be a resident of Franklin County, pursue a career in the medical field and attend a 2- or 4-year

school.		manage a dareer in the	medical field and attend a 2- or 4-year
Work Experience:			
Employer Worked:	Duties:	Employment Dates	Hours
Community Service (d	lo NOT incl	ude school or church ac	tivities)
List: Honors and Awa	rds		
List: Extracurricular A	Activities, La	eadership Positions or (Other Accomplishments (list
School Information:			
Class Rank: ou	t of	Grade Point Average:	ACT Score:

Qualifications: Must be a resident of Franklin County, pursue a career in the medical field and attend a 2- or 4-year

Qualifications: Must be a resident of Franklin County, pursue a career in the medical field and attend a 2- or 4-year school.

Attach copy of school Transcripts (Required for consideration of scholarship)

Intended Major:	Desired Career:
List Colleges for Universities to which you have been accepted.	which you have applied. Indicate those to List in order of preference.
College:	Accepted: Yes or NO
1	
2	
3.	
4	
5	
6	
The second budget to at	tend first choice \$
List all scholarships applied fo	or and amount awarded (if known)
List all scholarships applied fo	or and amount awarded (if known)
List all scholarships applied fo	or and amount awarded (if known)\$\$
List all scholarships applied fo	or and amount awarded (if known) \$\$ \$\$

- 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.
- ❖ <u>Submit</u> 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:		
Email Address:		
Father's NameOccupation	Address	
Mother's Name	Address	
Number of brothers and sisters and		
Name of individual who supports	you:	
Circumstances that you feel the sci should be considered for this:	holarship committee should	d consider or why you think you
Family Gross Income: Below \$1	0,000, \$10,000-\$20,0	00,
20,000-\$30,000, \$30,000-\$	40,000, \$40,000-\$50,0	000,
\$50,000-\$60,000, \$60,000-\$	670,000, Above \$70,00	00
College (s) to which you have appl	ied:	
Intended Major / Career Plan:		
Please attach a Transcript to this a		

Class Rank	Out of	GPA	ACT	
Demographics				
O US Citizen				
O Dual Citizen				
Primary language spoke	en at home			
First language				
1. Are you Hispa	nic/Latino?			
	or Latino (including Spain)			
2. Regardless of	your answer to the prior qu	uestion, please select o	ne or more of the following ethnicities that best of	describe you.
O Asian O Black or A O Native Hav	Indian or Alaska Native frican American waiian or other Pacific Isla			
and what attributes	you have that will hel	In vou be a good te	aining why you want to enter the field of acher. Also explain your course of actio ol? What grade level and subject/s do you	n m
*Attach high school	ol transcript.			
Disciplinary Histo	ory:			
attended fo	rm 9 th grade forward, you probation, suspen	whether related to	nary violation at any educational instituti academic misconduct or behavioral misc nissal, or expulsion form the institution.	ion you have conduct, that
2. Have you	ever been convicted of	a misdemeanor, fe	lony, or other crime? O Yes or O No	
Additional inform	ation if there is any ad	ditional informatio	n you'd like to provide regarding special the space below or an attached sheet.	l
Signature:			Date:	
The Lucy Belle R acceptance to a te	obertson Scholarship	recipient will rece ram, they will rec nt FCEA presiden	ive \$100 for the first year of college and rive \$900. This scholarship's total is \$1 tafter acceptance to a certified teacher	,000. Ine

Qualifications: Applicants for this scholarship should be determined and have a true desire to teach and a passion for

Application For Mary Phillips Kirby - Smith Award

The Emerald-Hodgson Hospital Auxiliary, Inc. gives the Mary Phillips Kirby – Smith Award to a graduating senior who plans to enter college in the fall of 2016 and pursue a degree in the health sciences.

Name:	Preferred Name:
SSN#:	Telephone:
Name of High School:	
Grade Point Average:	
Intended field of advanced health science	
Clubs/Organizations involved in:	
Extracurricular activities:	
Name of college you will attend in the fall:	
The state of the s	

On the back of this application, or on a separate sheet of paper, please tell us in no more than 100 words why this scholarship would be beneficial to your pursuit of a degree in the health sciences. Also, please include anything you would like us to know about you that is not mentioned above.

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

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

Franklin County High School Molly/Abbie Scholarship

Name:	D	OOB:	Citizenship: USOther
Address:			
Home Phone:			
Father's Name		Address	
Mother's Name		Address	
Sport Played:			
Name of individual who s			
	el the scholarship con	mmittee should c	consider or why you think you
Family Gross Income: I			
20,000-\$30,000, \$3			
\$50,000-\$60,000,\$	60,000-\$70,000	, Above \$70,000	·
College (s) to which you l	nave applied:		
Intended Major / Career Pl			
*Attach Transcript.			
Please attach a <u>resume</u> wi school or church related ac accomplishments.	th the following info	rmation: Work e	experience, community service, sitions or any other
On the back side of this a career plans.	pplication write a sho	ort essay about yo	our future educational and
Class RankOut	ofGPA_	ACT	
Student Signature:			

Essay about your future educational and career plans:				

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

Franklin County High School

Phyliss Wheatley Domestic Science Club Scholarship

Name:		DOB:		Citizenship: U	S Othe	r
Address:						
Home Phone:		Cel	l Phone:			
Father's Name		A	ddress			
Occupation		Employer				
Mother's Name		Ad	dress			
Occupation		Employer				
Number of brothers and						
Name of individual who	o supports y	ou:				
Circumstances that you should be considered for	feel the sch	olarship commit	tee should c	onsider or why you	ı think ve	ou —
Family Gross Income:						
20,000-\$30,000,						
\$50,000-\$60,000	, \$60,000-\$	70,000, Abo	ove \$70,000_	·		
College (s) to which yo	u have appl	ied:				
Intended Major / Career						
Please attach a resume school or church related accomplishments. On the back side of this career plans.	with the fol activities an	lowing informatind any honors, le	ion: Work e adership po	experience, commu sitions or any other	r	ice,
Class RankO	out of	CDA				
Student Signature:			Data			

Essay about your future educational and career plans:

Qualifications: Must be a football player.

Franklin County High School

Rebel Classic Scholarship

Name:	DOB:	Citizenship: USOther
Address:		
Father's Name	Address	
Occupation	Employer	
Mother's Name	Address	
Occupation	Employer	
Number of brothers and sisters a		
Name of individual who support	ts you:	
	scholarship committee shou	ld consider or why you think you
Family Gross Income: Below 20,000-\$30,000, \$30,000		
\$50,000-\$60,000, \$60,000		1
College (s) to which you have a	pplied:	
Intended Major / Career Plan: _		
Please attach a resume with the	following information: Year school or church related actihments.	rs played football, work vities and any honors, leadership
Class RankOut of	GPA AC	Γ
Student Signature:		

Essay about your future educational and career plans:					
Check boxes of grades you	ı played	football.			
Years played football:	9	10	11	12	

Qualifications: Must be a football player.

Requirements: Must be going into the teaching profession.

Franklin County High School Retired Teachers Scholarship

Name:		DOB		Citizenship: USOther
Address:				
Home Phone:				
Father's Name		A	Address	
Occupation		Employer_		
Mother's Name		A	ddress	
Occupation		Employer_		
Number of brothers an				
Name of individual wh	o supports y	/ou:		
Circumstances that you should be considered for	or this:	nolarship commi	ittee should c	onsider or why you think you
Family Gross Income	: Below \$1	0,000, \$10,	000-\$20,000	,
20,000-\$30,000	, \$30,000-\$4	10,000, \$40	,000-\$50,000),
\$50,000-\$60,000	_, \$60,000-\$	70,000, Ab	ove \$70,000_	·
College (s) to which ye	ou have appl	lied:		
Intended Major / Caree				
Please attach a Transc community service, sch any other accomplishme	ript and a record or churce ents.	esume, with the th related activit	following in ies and any h	formation: Work experience, onors, leadership positions or
career plans.				our future educational and
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:				

Franklin County High School

Rotary Club Scholarship

Name:		DOB:		Citizenship: US	Other
Address:					
Home Phone:		Ce	ll Phone:		
Father's Name		A	ddress		
Occupation		Employer			
Mother's Name		Ad	dress		
Occupation		Employer_			
Number of brothers an	d sisters and	ages:			
Name of individual wh	o supports y	ou:			
Circumstances that you should be considered for	a feel the sch	olarship commit	tee should co	nsider or why you t	nink you
Family Gross Income	: Below \$1(0,000, \$10,0	00-\$20,000	,	
20,000-\$30,000	, \$30,000-\$4	0,000, \$40,	000-\$50,000		
\$50,000-\$60,000					
College (s) to which yo					
Intended Major / Career	r Plan:				
Please attach a resume school or church related accomplishments. On the back side of this	with the foll activities ar	lowing informati nd any honors, le	on: work ex	perience, community itions or any other	
career plans.					and
Class RankC	Out of	GPA	ACT		
Student Signature:					

Essay about your future educational and career plans:

Franklin County High School

Rotary Club Technical School Scholarship

Name:	DOB:	Citizenship: USOther
A diduces.		
Father's Name	Address	
Mother's Name		
Number of brothers and sister		
Name of individual who suppo	orts you:	
Circumstances that you feel th	e scholarship committee should	consider or why you think you
T		
1	w \$10,000, \$10,000-\$20,00	
I.	00-\$40,000, \$40,000-\$50,00	
\$50,000-\$60,000, \$60,0	00-\$70,000, Above \$70,000	0
College (s) to which you have	applied:	
Please attach a resume with the school or church related activite accomplishments. On the back side of this applied	ne following information: work of the following inf	experience, community service, ositions or any other
career plans.		
	GPAACT_	
Student Signature:	Dotos	•

future educational and career plans:	
	ur future educational and career plans:



Southern TM Ladies' Society Scholarship Toundation

Applica	tion	
Counseling Office Deadline: Amount of Award: vari		
This scholarship is intended to be used in the	e pursuit of post high school educ	ation.
If the recipient should receive a full scholarship, th	ne STLS scholarship would be relinquished	 -
Requirements:		
 Scholarship offered to either a female or male student. Applicant must submit the following: 2 letters of respective, or past/present employer; a resume, with placement; a transcresults, and ACT/SAT scores, and a 1-page typed expour goals and aspiration. 	ecommendation from faculty members to the commendation from faculty members are commended in the commendation of the commendation of the commendation of the commendation of the commendation from commendation from faculty members are commendation from faculty faculty from faculty facult	activities
Personal Information		
Name:	Sex: DOB:	
Permanent Home Address:		
Telephone number:Email Add	dress:	
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 rar		
Less than \$24,999 \$25K-\$49,999 \$50-\$74,999	\$75-\$99,999 \$100K-	+
High School Attendance (TO BE COMPLETED BY COU	NSIELING OFFICE):	
Absent 9th Grade 10th Grade 11th Grade 12th		

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: USOther
Address:		
Home Phone:		Phone:
Father's Name	Ado	dress
Occupation	Employer_	
Mother's Name	Add	ress
Occupation	Employer	
Number of brothers and sisters	s and ages:	
Name of individual who suppo	orts you:	
Circumstances that you feel the	e scholarship committe	ee should consider or why you think you
Family Gross Income: Below	v \$10,000 . \$10.00	00-\$20,000
20,000-\$30,000, \$30,00		
\$50,000-\$60,000, \$60,00		
Medical Field / Career Plan: _	-	
*Attach <u>Transcript.</u>		
accomplishments.	es and any honors, lea	
career plans.		y about your future educational and
Class RankOut of _	GPA	ACT
Student Signature:		

Eccay about ve	our future education	nal and caree	plans:	
Essay about yo	Jui Tuturo edadario.		F	
6 				

Qualifications: Must be going into a Medical Field.

Franklin County High School Wild Boar Toundation

Name:	DOB:	Citizenship: USOther
Home Phone:	Cell Phone:	
Father's Name	Address	
Mother's Name	Address	
Number of brothers and siste	ers and ages:	
Name of individual who supp	ports you:	
Circumstances that you feel t	the scholarship committee should:	consider or why you think you
Family Gross Income: Belo	ow \$10,000, \$10,000-\$20,00	00,
20,000-\$30,000, \$30,0	000-\$40,000, \$40,000-\$50,0	00,
\$50,000-\$60,000, \$60,0	000-\$70,000, Above \$70,00	0
College (s) to which you have	e applied:	
Intended Major / Career Plan:		
GPA:		
ACT:		