

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.

If you have any unpaid fees, these must be paid before any transcripts can be picked up. 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.

I am applying for the following scholarships:

Name of Scholarship	Name of Scholarship

(Office use only) Date received in counseling office: _____



Franklin County High School

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

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 sealed envelope provided by student or
_____ Mail in addressed envelope provided by student

GPA: _____ ACT: _____ RANK: _____

Brief description of the following:
Honors Held:

Activities:

Leadership:

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

Student Signature: _____

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

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 _____.
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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.

Class Rank _____ Out of _____ GPA _____ ACT _____

Student Signature: _____ Date: _____

Franklin County High School
Adam C. Hill 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 _____.
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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.

Class Rank _____ Out of _____ GPA _____ ACT _____

Student Signature: _____ Date: _____

**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, **AND** 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: _____

Address: _____
(street) (city) (zip)

Mother or Female Guardian's Name: _____ Occupation: _____

Address: _____
(street) (city) (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+

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 _____.
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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.

Class Rank _____ Out of _____ GPA _____ ACT _____

Student Signature: _____ Date: _____

Requirements: Must have a Decherd zip code.

Decherd Lions Club

Bill 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 _____.
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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.

Class Rank _____ Out of _____ GPA _____ ACT _____

Student Signature: _____ Date: _____

Qualifications: Must be a baseball player.

Billy Keith Bradford Baseball Scholarship

Name: _____ DOB: _____

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: _____

College (s) to which you have applied: _____

Intended Major / Career Plan: _____

*On the back side of this application write a short essay about: What the game of baseball means to you and how it has impacted your high school years.

Class Rank _____ Out of _____ GPA _____ ACT _____

Student Signature: _____ Date: _____

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 _____.

Qualifications: Must be a baseball player.

Essay about: What the game of baseball means to you and how it has impacted your high school years.

Check boxes of grades you played baseball.

Years played baseball: 9 10 11 12



Franklin County High School

Bon Temps (Female Only)

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____.
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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.

Class Rank _____ Out of _____ GPA _____ ACT _____



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.

Class Rank _____ **Out of** _____ **GPA** _____ **ACT** _____

Student Signature: _____ **Date:** _____

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: 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 _____.
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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.

Class Rank _____ **Out of** _____ **GPA** _____ **ACT** _____

Student Signature: _____ **Date:** _____

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 _____

Class Rank _____ Grade Point Average _____ ACT Score _____

Relationship with the bank (list name of account holder and their relationship to you)

Father's Name _____

Occupation _____ 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? yes no

List scholarships and amounts already awarded:

What plans do you have for meeting expenses not covered by scholarship money? Include commitments made for part-time and summer employment.

Intended Major _____ Desired Career _____

Please attach a transcript and personal resume detailing extra-curricular and community service/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.

Applicant's Signature _____ Date _____

Please return all applications to:



1418 Dinah Shore Blvd., 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 _____ City _____

ZIP _____ Phone _____

Class Rank _____ Out of _____ Grade Point Average _____

Relationship with the bank (name of account holder)

Father's Name _____

Occupation _____ Employer _____

Mother's Name _____

Occupation _____ Employer _____

Number of Siblings _____ Ages _____

Number of Siblings in College _____

Family Gross Income:

___ 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

To which schools have you applied? To which schools have you been accepted?

Give a brief explanation of why this scholarship will help you.

Briefly describe the field you hope to enter, and what made you decide to pursue this career.

Students Work Experience

Employer	Duties	Dates Held	Hours per Week
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Community Involvement/School Involvement and Clubs

Honors, Leadership Positions and Accomplishments

*Please attach a transcript.

Applicants Signature _____ Date _____

Please return all applications to:



Majoring in Mathematics or Engineering

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 _____.
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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.

Class Rank _____ Out of _____ GPA _____ ACT _____

Student Signature: _____ Date: _____

DORIS LONDON MEMORIAL SCHOLARSHIP

Counseling Office Deadline:

1. 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).

PERSONAL INFORMATION:

Name: _____ DOB: _____

Permanent Home Address: _____

Telephone Number: _____ Email Address: _____

Father Name: _____ Occupation: _____

Father's Address: _____

Mother's Name: _____ Occupation: _____

Mother's Address: _____

Names and ages of brothers and sisters: _____

If you live with someone other than your parents, please give name, relationship and occupation.

Name: _____ Relationship: _____

Address: _____ Occupation: _____

HOUSEHOLD INCOME - CIRCLE THE PROPER RANGE:

Less than \$24, 999

\$25,000- \$49,999

\$50,000 - \$74,999

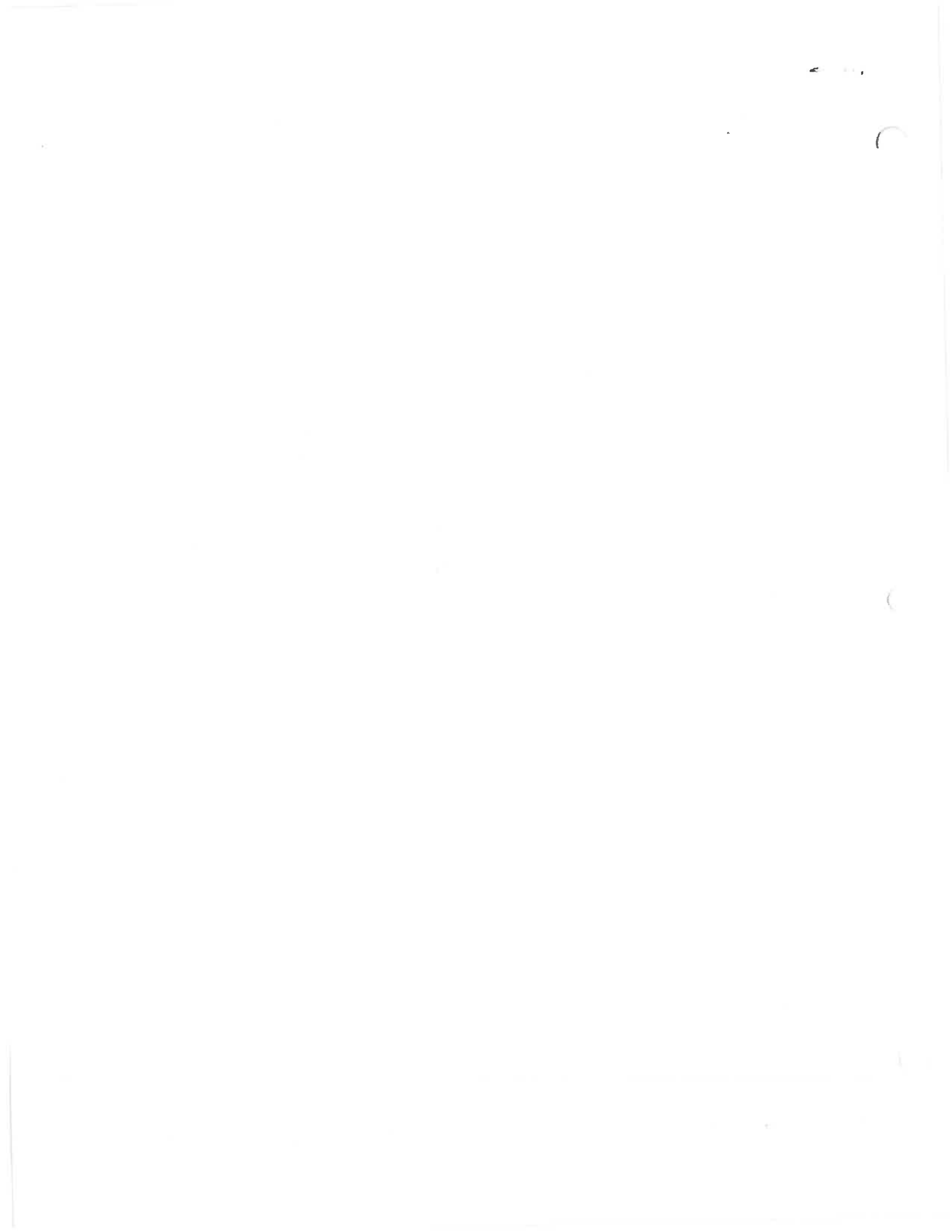
\$75,000 - \$99,999

\$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: 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.

Class Rank _____ Out of _____ GPA _____ ACT _____

Student Signature: _____ Date: _____

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 _____.
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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.

Class Rank _____ Out of _____ GPA _____ ACT _____

Student Signature: _____ Date: _____

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:

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.

Class Rank _____ Out of _____ GPA _____ ACT _____

Student Signature: _____ Date: _____

**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 _____

Student Signature: _____ Date: _____



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:

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.

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. _____

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.)**

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

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

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:

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.

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

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 _____.
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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.

Class Rank _____ Out of _____ GPA _____ ACT _____

Student Signature: _____ Date: _____

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.

Class Rank _____ **Out of** _____ **GPA** _____ **ACT** _____

Student Signature: _____ **Date:** _____

Franklin County High School

The Ladies of Faith at West Cumberland Street Church of Christ
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: _____

*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.

Class Rank _____ **Out of** _____ **GPA** _____ **ACT** _____

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

Good Shepherd Parish

**Linda Bauman,
CRNA**

Memorial Scholarship

Value: \$1,000

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

Student Name: _____ DOB: _____

Address: _____ City: _____

Home Phone: _____ Cell Phone: _____

Social Security Number: _____

Father's Name: _____

Occupation & Employer: _____

Address if different from student's:

Phone: _____

Mother's Name: _____

Occupation & Employer: _____

Address if different from student's:

Phone: _____

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

Name: _____ Occupation: _____

Relationship: _____

Number of siblings: _____ Ages: _____ Number of siblings in 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.

Work Experience:

Employer Worked: Duties: Employment Dates Hours

Community Service (do NOT include school or church activities)

List: Honors and Awards

List: Extracurricular Activities, Leadership Positions or Other Accomplishments (list roles and responsibilities)

School Information:

Class Rank: _____ **out 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 school.

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

Intended Major: _____ Desired Career: _____

List Colleges for 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 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 or Female

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.

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.

Class Rank _____ **Out of** _____ **GPA** _____ **ACT** _____

Demographics

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 form 9th grade forward, whether related to academic misconduct or behavioral misconduct, that resulted in you probation, suspension, removal, dismissal, or expulsion form 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.

Signature: _____ **Date:** _____

The Lucy Belle Robertson Scholarship recipient will receive \$100 for the first year of college and upon acceptance to a teacher education program, they will receive \$900. 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 \$900.

**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: _____

Address: _____

SSN#: _____ Telephone: _____

Name of High School: _____ Year of Graduation: _____

Grade Point Average: _____

Intended field of advanced health science: _____

Clubs/Organizations involved in: _____

Extracurricular activities: _____

Name of college you will attend in the fall: _____

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: _____ 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.

Class Rank _____ Out of _____ GPA _____ ACT _____

Student Signature: _____ Date: _____

Franklin County High School

Phyllis Wheatley Domestic Science 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.

Class Rank _____ Out of _____ GPA _____ ACT _____

Student Signature: _____ Date: _____

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.

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:

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 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.

Class Rank _____ Out of _____ GPA _____ ACT _____

Student Signature: _____ Date: _____

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.

Class Rank _____ Out of _____ GPA _____ ACT _____

Student Signature: _____ Date: _____

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.

Class Rank _____ **Out of** _____ **GPA** _____ **ACT** _____

Student Signature: _____ **Date:** _____



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 , 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 aspiration.

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 \$50-\$74,999 \$75-\$99,999 \$100K+

High School Attendance (TO BE COMPLETED BY COUNSELING OFFICE):

Absent 9th Grade _____ 10th Grade _____ 11th Grade _____ 12th Grade _____

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.

Class Rank _____ **Out of** _____ **GPA** _____ **ACT** _____

Student Signature: _____ **Date:** _____

Franklin County High School

Wild Bear 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: _____

GPA: _____

ACT: _____

