

Jacks Creek Community Club Scholarship

Kathy Mays Memorial

Award Amount: \$1,000

Deadline: April 15, 2021

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

ACT/SAT Score: _____ GPA: _____ Class Rank: _____

Honors you have received in High School:

Activities you have participated in:

Number in your immediate family: _____

Number of family members in college currently: _____

College you plan to attend: _____

List three references that can attest to your academic and financial need:

Name: _____ Address: _____ Phone Number: _____

1. _____

2. _____

3. _____

Please list other circumstances that the scholarship committee should know.

Use back of application or attach additional sheet if necessary.

Attach a copy of your transcript to this application.