



**Application for the Jack Roberts Memorial Scholarship
Graduating High School Students**

Name _____ Date _____

*Present Address _____

City _____ State _____ Zip _____ Phone _____

Date of Graduation _____ GPA _____ Class Rank _____

*If you reside with someone other than your parents, please attach a separate sheet of paper with the name of this person and describe the nature of your relationship.

Father/Guardian _____ Mother/Guardian _____

Address _____ Address _____

City/State _____ City /State _____

Phone _____ Phone _____

List all special honors/awards/recognition that you have received to date.

Which college/university or art training do you plan to attend?

Have you been accepted? Yes No Pending

What is your proposed major? _____

Our signatures certify that the information provided above presents a complete and accurate representation of our personal financial circumstances, to the best of our knowledge.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Return to your art teacher no later than Friday, May 5th