

Laura May Ross

Memorial Scholarship

NAME: _____
Last First Middle

ADDRESS: _____
Street

City State Zip Code

TELEPHONE NUMBER: _____

DATE OF BIRTH: _____

FATHER'S:
Name: _____

Occupation: _____

Employer: _____

MOTHER'S:
Name: _____

Occupation: _____

Employer: _____

When will you graduate from Jennings County High School?

MONTH: _____ YEAR: _____

Name and location of school you are planning to attend:

Have you been accepted? YES ____ NO ____ (Date of Acceptance: _____)

Current GPA: _____ Current Class Rank: _____/_____

List briefly any academic honors and awards, including offices held while in high school:

Work Experience:

Community and Volunteer Service:

PLEASE PROVIDE AN ESSAY STATING WHY YOU WANT TO GO INTO ATHLETIC TRAINING OR SPORTS MEDICINE.