

## **Cindy Phillips Memorial Scholarship**

The Cindy Phillips Memorial Scholarship will be awarded to two outstanding seniors at Hamilton County Senior High School who plan to attend college beginning in the fall. The scholarship will evaluate all aspects of a student's life (academic, extra-curricular activities, financial need, as well as character) to determine the most qualified applicant.

The scholarship will be awarded to 2 deserving seniors in the amount of \$500 each.

Check the scholarship applications page of [www.unit10.com/hs/guidance](http://www.unit10.com/hs/guidance) or with your guidance counselor for due date.

### **APPLICANTS MUST SUBMIT THE FOLLOWING**

- a. A completed and signed application including verification of GPA, class rank, and ACT scores by a school official.
- b. A 500 word essay describing your future goals and why you feel you are deserving of the Cindy Phillips Memorial Scholarship. Please include how your church and your involvement in church activities have been a part of your life.
- c. Provide a listing of all your extra-curricular activities and any work experiences.
- d. Provide a listing of all honors received in high school (academic, athletic, etc)
- e. Provide two letters of recommendation: one from an individual associated with Hamilton County Senior High School and one from a member of the church you attend regularly, i.e. priest, Sunday School Teacher, Youth Leader, etc.  
(Please ask your reference to comment on your dedication to your church.)

## Cindy Phillips Memorial Scholarship-Application

NAME \_\_\_\_\_ SSN \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Parents' Names \_\_\_\_\_

Names and ages of the children in the family \_\_\_\_\_

Parents Occupations:

Father: \_\_\_\_\_ Where? \_\_\_\_\_

Mother: \_\_\_\_\_ Where? \_\_\_\_\_

Will there be any other members of your family in college during the next four years?

\_\_\_\_\_

Indicate your family's adjusted gross income from last year's tax return. (choose one)

Under \$20,000      \$40,000-\$60,000      more than \$80,000

\$20,000-\$40,000      \$60,000-\$80,000

Current GPA \_\_\_\_\_ Class Rank \_\_\_\_\_ ACT Composite \_\_\_\_\_

Verifying School Official Signature: \_\_\_\_\_

College/University You Plan to Attend: \_\_\_\_\_

Name of Church you attend regularly: \_\_\_\_\_

Are you a member of your Church Youth Group? \_\_\_\_\_