

Print and complete both pages.

Page 1 of 2



Lake Mitchell HOBOS Scholarship Form

Name: _____ DOB: _____
Last First Middle Initial

Email Address: _____ SSN: _____

Street Address: _____ City: _____ State: _____ Zip: _____

County: _____ Telephone # ()- _____ Cell # ()- _____

Name of High School: _____ Graduation Date: _____

Address of High School: _____ City: _____ State: _____ Zip: _____

GPA: _____ SAT or ACT Score: _____ Official Transcript Enclosed _____
100 Scale Please Attach Official Transcript to Follow _____

Have You Ever Been Arrested (including juvenile arrest?) Yes No If Yes, please explain:

What college do you plan to attend? _____ Accepted () Pending ()

Anticipated Major/Career Interest: _____

Counselor's Name _____ Telephone # ()- _____ Email; _____

Counselor's Signature _____ (Required for verification of application)
I verify that the application is true and correct to the best of my knowledge.

Mother's name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Occupation: _____

Home phone # ()- _____ Work phone # ()- _____ Cell # ()- _____

Father's name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Occupation: _____

Home phone # ()- _____ Work phone # ()- _____ Cell # ()- _____

Lake Mitchell HOBO Scholarship Form

Are you taking Advanced Placement Classes? _____

Do you work now? _____ Yes _____ No If yes, where? _____

How many hours do you work per week? _____

How is the money you earn spent? _____

What other scholarships have you applied for or received? _____

The number of siblings in your family that will be in college at the same time as you: _____

Community or Civic Volunteer Services in which you participate:

Name of Activity	What did you do?

School Extracurricular Activities & Leadership Positions in which you have participated:

Note: For above two items, use additional pages if necessary.

All candidates will be required to write an essay. Final candidates will be notified for interview.

I certify that all information on this form is accurate to the best of our knowledge. I hereby release my son's/daughter's application, photograph, and essay for media purposes should our family be awarded a scholarship.

Student Signature of Certification

Date: _____

Parent Guardian Signature of Certification

Date: _____