James B. Plummer Memorial Scholarship

Application for High School Senior

Name:		So	Social Security Number:		
Address:		Не	ome Phone:	<u></u>	
		C6	ell Phone: mail:	_	
	Complete the fo	ollowing usir	ng additional sheets of paper as	necessary.	
1.	Have you been accepted to a school to continue your education? If so, what is the name of the school				
2.	Do you plan to participate in any extracurricular activity while continuing your education (sports, band etc.)?				
3.	. Justify your financial needs in relation to school expenses.				
4.	4. Do you have other funds available for tuition (ex: financial aid, other scholarships)?				
5.	5. What is your current grade point average?				
6.	Attach three letters of recommendation; two from high school faculty and one personal (non-relative)				
7.	List any civic or extracurricular activity in which you have been involved during your four years of high school.				
8.	. On a separate sheet of paper give a brief summary of plans for your continued education, career goals, and how this scholarship will assist you in achieving those goals.				
9.	. Attach a High School transcript including a current photo with your application.				
10. You may be required to interview with members of the scholarship committee.					
Plu Pa	ummer Memorial Scholarsh	ip, all funds w	nd that should I be chosen as a recipie ill be paid directly to the school that l of of admission and registration for ea	I am attending.	
$\overline{\mathbf{A}}_{\mathbf{J}}$	pplicant	Date	Parent/Guardian	Date	

The James B. Plummer Memorial Scholarship application should be submitted in a sealed 9 x 12 manila envelope to the Johnson County High School Counselor's Office (Ms. Priscilla Davis).

Deadline for filing application: 3 P.M.- FIRST FRIDAY OF APRIL