

## Deputy Allen Lipford Memorial Scholarship

### Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parents' names: \_\_\_\_\_

Where do you plan to continue your education: \_\_\_\_\_

Applied: Yes or No      Been accepted: Yes or No      Major: \_\_\_\_\_

### Education information

Current GPA: \_\_\_\_\_

ACT: \_\_\_\_\_

### Extracurricular Activities

Activity	Roles and Responsibilities
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

*I hereby request and authorize the release of information contained in my student records at JCHS to the appropriate scholarship committee for the purpose of evaluation and scholarship award selection.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature (also required if student is less than 18)

\_\_\_\_\_  
Date

**Your application must be returned to Ms. Davis's office by Wednesday, March 22, 2023.**

### Essay Question

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings present.