



Hope for Tomorrow Tracy Winnett Scholarship for High School Seniors

Scholarship Application Form

Please provide accurate and detailed information in each section to help us evaluate your application.

Applicant Information

Name *			
Ms			
Prefix	First Name	Last Name	
Date of Birth *			
Date			
Address *			
Street Address			
City		State	
Postal/Zip Code		Country	

Email *
Email Address
Phone number *
Phone Number
Are you a U.S. citizen? *
Yes No
If no, please specify your citizenship status:
ii iio, piease specify your citizensiiip status.
Academic Information
High School Name *
Year Graduated *
Cumulative GPA *

Honors/Awards Received (if applicable)			
Extracurricu	lar Activities		
List any extracur	ricular activities or or	ganizations you are involved in (include leadership roles (if applicable)	
Did you com	plete your high	school education through a GED program? *	
Yes	No		
Are you a tra	nnsferee? *		
Yes	O No		
If yes, please	e specify		
	name and cumulative	GPA:	
Year Level fo	or Upcoming Scl	hool Year *	
First Yea	ar		
Second	Year		
Third Ye	ear		
Fourth Y	⁄ear		
Fifth Yea	ar		

Semester * Fall Spring Summer

Winter

Intended Major/Area of Study *

Accounting (BA)	∄
Accounting (BS)	宣
Anthropology (BA)	宣
Architecture (BArch)	宣
Biology (BS)	宣
Business Administration (BBA)	宣
Chemical Engineering (BSChE)	宣
Communications (BA)	宣
Computer Science (BS)	宣
Criminal Justice (BA)	宣
Economics (BA)	宣
Economics (BS)	宣
Education (BEd)	宣
Engineering (BS in various specializations)	宣
English Literature (BA)	宣
Environmental Science (BS)	宣
Finance (BA)	宣
Finance (BS)	宣
Graphic Design (BFA)	宣
History (BA)	宣
Information Technology (BS)	宣
International Relations (BA)	宣
Mathematics (BS)	宣
Nursing (BSN)	宣
Philosophy (BA)	ਰੇ
Physics (BS)	ਰੇ
Political Science (BA)	宣
Psychology (BA)	宣

Essay

Date:

	words, explain w rsonal and caree	hy you deserve this scholarship and how it will r goals. *
Additional In	formation	
Do you have a d	disability? *	
Yes	No	
If yes, please s	pecify	
Are you a first-	generation colleg	ge student? *
Will you be wor	king while study	ing? *
Certification		
I certify that the inbest of my knowledge in disqualification	nformation provide edge. I understand	d in this application is accurate and complete to the that any false or misleading information may result hip program. I authorize the scholarship committee this application.
Name:		*