

Dr. Elizabeth Marie Roberts Scholarship

Application Form

Name: _____

Address: _____

Telephone Number: _____ Date of Birth: _____

Are you being considered for any other scholarship(s) or financial aid? If yes, please list the names and amounts to which you are being considered for.

1. _____

2. _____

3. _____

Have you been accepted at the school of your choice? YES NO

If you answered YES to the above question, please list the name of the school and the estimated annual cost of attending. This is normally tuition and books.

If you have NOT been accepted yet to a school, please list in order of preference the schools in which you have applied for next year.

School Name

Estimated Annual Cost

1. _____

\$ _____

2. _____

\$ _____

3. _____

\$ _____

Dr. Elizabeth Marie Roberts Scholarship Application Page 2

What do you plan to Major in while in school?

What career choices are you considering now?

CONTINUED

Dr. Elizabeth Marie Roberts Scholarship

Community Service/Extracurricular Activities Form

Applicant's Name: _____

Use the following space provided to list and explain all of your involvement in community service related organizations, projects or events. In addition , please list and describe any other extracurricular activities you are involved in.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____