

Coach Bob Brown MEMORIAL SCHOLARSHIP

Applicant's Name:

Applicant's Address:

Telephone:

Applicant must participate in at least One FCHS Varsity Sport to Apply.



Class Rank:

ACT Score:

GPA:

Planned College Major:

Parents' Names: Father:

Occupation:

Mother:

Occupation:

FAMILY INCOME:

LESS THAN \$15,000

\$15,000 – 25,000

\$25,000 – 35,000

\$35,000 – 50,000

MORE THAN \$50,000

WINNERS MAY BE ASKED TO VERIFY WITH APPROPRIATE TAX FORMS

Please write a brief statement concerning your career choice:

List college/university you plan to attend:

- 1.
- 2.

PLEASE NOTE: Financial need, academic ability, and the number of other scholarships won will be determining factors in the selection of a winner.

I certify that, to the best of my ability, the information given in this application is true and accurate.

Student's Signature:

Date: