

**SODDY DAISY
HALL OF FAME SCHOLARSHIP**

Return to Mrs. Martin by 2/15/19

****You must have a minimum of a 3.00 Grade Point Average.**

Name

Street Address

City and State

Zip Code

Phone #

Birthdate

GPA

ACT SCORE

College that you are planning to attend:_____

Major:_____

Other Scholarships that you will be receiving:_____

PART-TIME JOBS THAT YOU HAVE HELD AND DATES:

MOTHER'S NAME

FATHER'S NAME

MOTHER'S OCCUPATION

FATHER'S OCCUPATION

NUMBER OF SIBLINGS_____ **NUMBER IN COLLEGE**_____

College Cost of Attendance _____

NAMES OF SIBLINGS _____

Please include an essay discussing:

- 1) Goals and aspirations**
- 2) Why you feel you deserve this scholarship**
- 3) An activity that has impacted your life or something you are passionate about**

Please type and attach – no more than 500 words