

Application should be returned to Mrs. Franks in Guidance by February 27.

THE SHACKELFORD FAMILY SCHOLARSHIP

Name _____
Last First Middle

Address _____
Number and Street City State Zip

Date of Birth _____ SS# _____ ACT Score _____ GPA _____

College you plan to attend _____ Intended Major _____

List of Extracurricular Activities _____

Please use separate sheet if necessary

Personal References: (List name, address, and phone number)

- 1.
- 2.
- 3.

Attach an essay of approximately 300 words on the following:

WHAT DOES GOOD CHARACTER MEAN TO YOU AND HOW DO YOU APPLY IT IN YOUR LIFE?

I understand that the selection of scholarships will be made by a committee appointed by the Board of Directors of the Hardin County Education Foundation and that all decisions made by this committee will be final. I also understand that any false information intentionally supplied will cause this application to be voided and any scholarship awarded will be required to be refunded.

Signature of Student _____ Date _____

Scholarship Due Date _____