

Etta Smith Scholarship

This is a new scholarship that was started in 2012. It will be for the amount of \$250 and will be presented for eight years.

The requirements are:

- must be a graduating senior of Gibbon High School
- must be planning to pursue a career in the medical field
- complete the general application
- will be due April 26, 2016

EXTRACURRICULAR AND PERSONAL ACTIVITIES

Please list your extracurricular activities, community, and family activities as well as hobbies of interest you have been involved in. Please also list the years you were involved:

Activity	Year

WORK EXPERIENCE

Please list the last 3 jobs (including summer employment) you have held.

Employer	Job Description	Dates of Employment	Hrs./Week

PERSONAL STATEMENT

It is our aim to get to know you as well as possible through this application. With this in mind, please describe your educational goals and career plans, and any other special interests, experience or achievements you would like us to know about you. Please explain why you feel you deserve this scholarship and how this scholarship will help you and your family. Please type this statement on an additional sheet of paper and attach it to this application.

OTHER FINANCIAL AID

I have applied for other scholarship(s): Yes _____ No _____

Please list the scholarship(s) you've applied for: _____

I have been awarded one or more scholarships: Yes _____ No: _____

If yes, please list the year(s) you will receive the scholarship and the amount to be received. Additionally, please list any grants, gifts, awards, or other monetary help that you have or will receive towards the cost of your education expenses.

Name of award	Years you will receive	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I plan to attend (Please name the post-secondary institution or program):

Current GPA (on % scale): _____ Class Rank/Size: _____

The following administrator/counselor/student signatures must endorse this scholarship:

Student Signature: _____ Date: _____

Administrator: _____ Counselor: _____

*** Please attach a copy of your high school transcript**

