

## *Bob Meissner Family Scholarship*

The Bob Meissner Family Scholarship, in the amount of \$2500, is available to any graduating senior who plans on furthering their education after high school. This 1-year, non-renewable scholarship can be used for education at a college or university. A \$500 1-year, non-renewable scholarship will be awarded to the runner-up.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth date: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents Name: \_\_\_\_\_

College or University you plan to attend: \_\_\_\_\_

Have you been accepted? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If no, when do you expect acceptance? \_\_\_\_\_

Current Cumulative Grade Point Average. \_\_\_\_\_

List extracurricular activities you have participated in (sports, clubs, other):

**On a separate sheet, please attach a one-page essay. In the essay, please address the following: "Why do you feel you are worthy of this scholarship?" and "How will this scholarship benefit you?". Please limit your response to one typed page, 12 pt font double-spaced. Also attach a copy of your transcript.**

I attest that the information provided on this scholarship application and the supporting materials are factual to the best of my knowledge and that any misinformation could result in denial of scholarship.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

**Scholarship application should be submitted to the High School Office by May 1st**