



1225 Hot Springs Hwy * P. O. Box 151 * Benton, AR 72015 * Phone or Fax: (501) 315-6588

JAMIE LYNN GABBARD MEMORIAL SCHOLARSHIP

Presented by

SALINE HOME BUILDERS ASSOCIATION

The Jamie Lynn Gabbard Memorial Scholarship is a \$1,500 per year scholarship presented to a student who is continuing their education in any field. Greater consideration will be given to a child or grandchild of a SHBA Member and based on criteria listed below. The scholarship is payable at the rate of \$750 per semester and is renewable for up to four years provided the student maintains a 2.50 grade point average on a minimum of twelve semester hours at an accredited college, university, junior college, trade or vocational school or other educational organization.

Criteria for Selection –

1. Graduate of high school in Saline County, Arkansas
2. Financial need
3. Proven leadership ability
4. Good moral character
5. 2.75 cumulative grade point average or above
6. ACT score of 18 or above or equivalent SAT score

Application Deadline - May 15, 2019



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www.salinehba.org

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JAMIE LYNN GABBARD MEMORIAL SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

1. Name _____
(First) (Middle) (Last)

2. Address _____

Phone _____

3. High School Attended _____

4. List savings you have for educational purposes \$ _____

5. Outline your summer plans and expected amount of earnings:

6. List names, addresses and phone numbers of three persons not related to you that may be used for references. One must be a teacher or counselor.

7. Attach a personal letter of approximately 200 words in which you discuss your ambitions and future plans. (May be typed or hand written.)

COLLEGE/EDUCATIONAL ORGANIZATION PREFERENCES

1. List those colleges/educational organizations you are interested in attending in the order of your preference.

(Date applied) (Date Accepted)

(Date applied) (Date Accepted)

2. Field of study in which you plan to major _____

3. List estimated expenditures for your freshman year:

Tuition _____ Books and Supplies _____

Room and Board _____ or Commuting Expenses _____

4. What activities do you plan to participate in during college?

LEADERSHIP ABILITY

Work Experience: List part-time and summer jobs you have had since entering high school.

Employer _____ Dates of Employment _____ Hours per week _____

Duties _____

Employer _____ Dates of Employment _____ Hours per week _____

Duties _____

Employer _____ Dates of Employment _____ Hours per week _____

Duties _____

Activities: List your high school and community activities (other than jobs) in the order of interest to you. (Please continue on a separate sheet, if required.)

Activity	Hrs. per week	No. of years
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Your most significant contribution

Activity	Hrs. per week	No. of years
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Your most significant contribution

Activity	Hrs. per week	No. of years
----------	---------------	--------------

Your most significant contribution

Honors: List any special honors or awards you have won or earned, either in or out of high school.

Name of Honor or Award	Date Awarded
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INFORMATION REQUIRED FROM YOUR COUNSELOR:

- a. Copy of your high school transcript
- b. ACT composite score or SAT score _____
- c. GPA _____
- d. Class rank _____

PLEASE READ AND SIGN THE FOLLOWING:

I certify that, to the best of my knowledge, the information given is accurate and complete. I understand that this scholarship is to be used for the first two semesters of college/educational organization and that I am expected to remain in school for at least that long. Should I decide to drop out of school without completing the semester, I will repay any scholarship money used in the incomplete semester. This information will be made available to the scholarship sponsors. Additional, I request the following required information be made available to the scholarship sponsors: transcript, ACT scores, class rank and grade point average.

Signature of Student

Signature of Parent / Guardian

STATEMENT OF PARENT OR GUARDIAN

This form must be executed by one of the parents or by the guardian of the person applying for this scholarship. This information will be made available to the scholarship sponsors.

1. Name of parent/s or guardian/s _____

Address _____

Occupation of Father _____ Employer _____

Occupation of Mother _____ Employer _____

List dependents in family:

<u>Name</u>	<u>Age</u>	<u>School</u>

Approximate Family Income (circle one) : Less than \$15,000 \$15,000-\$20,000
\$20,000-\$25,000 \$25,000-\$35,000 \$35,000-\$45,000 Above \$45,000

2. List any other information which you would like to volunteer regarding your financial situation or family circumstances such as lay-offs, medical or family emergencies, etc. that would be helpful to the scholarship sponsors in considering your child for this scholarship.

Parent/Guardian Signature

Date

Other scholarships applied for:

	<u>Received</u>	<u>Denied</u>	<u>Not Yet Awarded</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____