

SUBRINA KNIGHT SCHOLARSHIP FOUNDATION

PERSONAL INFORMATION

Name of Applicant _____ Sex _____

Home Address _____

Telephone Number _____ Date of Birth _____

Father's Information:

Name: _____

Address: _____

Employer/Occupation: _____

Mother's Information:

Name: _____

Address: _____

Employer/Occupation: _____

SCHOOL & NON-SCHOOL ACTIVITIES & HONORS

Please fill out carefully. Include club membership, office held, extracurricular activities and honors outside of school. Attach an additional sheet if necessary.

<u>SCHOOL YR.</u>	<u>ACTIVITIES/CLUB/ORGANIZATIONS</u>	<u>HONORS/AWARDS/OFFICE</u>	<u>COMMUNITY/CHURCH</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WORK EXPERIENCE

Do you work? Yes _____ No _____ If yes, where? _____

Work Supervisor: _____

Number of hours per week _____

COLLEGE INFORMATION

Best SAT Score: SCORE _____
Date(s) Taken: _____

Best ACT Score: ENGLISH _____ MATH _____ COMPOSITE _____
READING _____ SCI. REAS. _____
Date(s) Taken: _____

Grade Point Average _____ Rank _____

What is your anticipated college major? _____

What is your anticipated college minor? _____

Where will you attend college? _____

ESSAY

You will not be considered without completing the essay. The essay must be a minimum of 500 words, double-spaced and typed on a separate sheet of paper and attached to this application. Essay title: **“Why do you want to go into the medical field? What makes you think you would be a good nurse, physical therapist, dental hygienist, speech pathologist, veterinary tech, etc.?”**

Student Signature

Date

Application Due: April 1 by 4:30pm
Ennis High School Advising Office- S106D