| Name  |   |  |  |  |  |
|---|---|--|--|--|--|
| Parents occupation: Father:                                       | _ |  |  |  |  |
| Mother:   | _ |  |  |  |  |
| Number of siblings still living at home and their ages:           |   |  |  |  |  |
| GPA:  | - |  |  |  |  |
| Area of study or vocation you plan to pursue after graduation:    |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
| Colleges/Universities you have applied to and have been accepted: |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
| Scholarships you have already received and the amount:            |   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |

| with the | club or activity.  |
|----------|--|
| 1        |  |
| 2        |  |
| 3.       |  |
| 4.       |  |
|          |  |
|          |  |
|          |  |
|          |  |
|          |  |
| voluntee | nity activities/volunteer opportunities: Please describe at least three (3) community activities or er opportunities that that you have participated in during your years at Westfall. |
|          |  |
|          |  |
| -        | Band: Please list the sport or type of band (marching, concert, jazz etc.) you were involved with and of participating years.  |
| 1        |  |
| 2        |  |
| 3        |  |
| 4        |  |
| 5        |  |
|          |  |

School activities: Please provide at least five (5) and no more than eight (8) activities or clubs that you participated in during your years at Westfall. Please give a brief description of what your involvement was

## The Bo Dunlap Foundation Scholarship Application

Amount: \$2,000 Deadline: **April 9, 2025** 

| Na  | me:  |                   |
|-----|--|-------------------|
| Ad  | ldress:  |                   |
| Ph  | one: ()Email:  |                   |
| Da  | ate of Birth:  |                   |
| Par | rents Names:   |                   |
|     | olings and ages:   | -                 |
| Int | ended college or training program:   | _                 |
| Co  | ourse of study and anticipated career plans:   |                   |
|     |  | -                 |
| Ple | ease attach the following:   |                   |
| 1)  | Copy of your high school transcript.   |                   |
| 2)  | Copy of your FAFSA Student Aid Report (SAR).   |                   |
| 3)  | A letter of recommendation from a high school faculty member.  |                   |
| 4)  | Personal essay on why a college education is important to you and what it means for your future (no longer than one page typed).   |                   |
|     | onfirm that all information is accurate. If selected, I agree to allow Westfall High Sch<br>Bo Dunlap Foundation to use my name and photograph in promotional materials. | nool on behalf of |
| Sig | gnature Date   |                   |

| ·————————————————————————————————————— |  |
|--|--|
|  |  |
|  |  |
|  |  |

E-mail application to:

westfalleducationfoundation@westfallschools.com

Application Deadline: APRIL 9, 2025