

# Driver Bob Scholarship

**\$500**

*In memory of Robert Thompson  
donated by his family*

“Driver Bob”, aka Robert Thompson was an avid sports fan and loved to see student athletes in every sport give all with their heart, mind, body, and soul. He always encouraged great sportsmanship whether they won or lost. After retiring from the State with over 20 years of service, Bob began another important career; that of the favored bus driver for Jacksonville ISD. For over 23 years, he drove JISD students to school and back, and spent countless hours driving for extra-curricular activities. He was particularly fond of transporting athletes, and did so with a smile on his face, words of encouragement to all, and obvious joy in his heart.

His family wishes to remember Bob with an athletic scholarship to a deserving graduating JHS senior athlete.

The qualifications for the scholarship are: Must be in an athletic program at JHS, recommended by a coach or teacher, graduate of JISD, full time fall enrollment (12 hours) in a college or university; \$250 to be paid first semester, additional \$250 second semester with 3.0 GPA.

**Students Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

*City* *State* *Zip*

**E-mail address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**College Choices:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

This application must be returned by **Friday, April 10, 2025**

## OBJECTIVE CRITERIA LIST

- I. Please attach high school transcript (must include GPA, class rank and be signed by your counselor).
- II. Please attach or list all activities/clubs/groups you participated in while in school.
- III. Please attach or list any community or other activities, (church, volunteer groups, family responsibilities).
- IV. Please list all athletic activities while at JHS.
- V. Include with the Scholarship Application:
  - One (1) sealed Coach Recommendation Letter

**Important:** If you qualify for this scholarship with your signature below you acknowledge and agree that applicants must re-qualify each semester by submitting a letter of enrollment status, good standing, and passing grade point average.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(required)

**DEADLINE: April 10, 2025**

**Submit this information to either:**

Jacksonville Education Foundation  
PO Box 631  
Jacksonville, Texas 75766

OR

Ms. Sarah Stephens  
JHS College & Career Advisor  
Jacksonville High School



