

Dr. Lewis Gray Scholarship in memory of longtime Jacksonville physician, Dr. M.L. Gray

\$1,000

The qualifications for the scholarship are: graduate of JISD; pursuing a career in a health care field; full time enrollment (12 hours) in college or university pre-med or nursing program; \$500 to be paid first semester, additional \$500 second semester with 2.5 GPA.

Student Name:			
Address:			
E-mail address:			
Phone:	_		
College and Program Choices:			
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This application must be returned by Friday, April 19, 2024 to:

Jacksonville Education Foundation PO Box 631 Jacksonville, TX 75766

or

Mrs. Sarah Stephens C & C Advisor Jacksonville High School

OBJECTIVE CRITERIA LIST

Total number of family members living at home:					
Number of Children living at home					
Are any of the other children attending college: Yes or No					
Other financial considerations which need to be noted:					
Required Documents:					

- I. Please attach high school transcript (from College & Career Advisor or your counselor).
- II. Please attach or list all activities/clubs/groups you participated in while in school.
- III. Did you work while in school? If so, where and how many hours per week?
- IV. Please attach or list community and/or other activities, (church, volunteer groups, family responsibilities).
- V. Essay please submit a typed essay with a brief description of your background, your ambitions, and why you feel you deserve this scholarship.
- VI. Include with the Scholarship Application:
 - Three (3) sealed Character Reference Letters

Important: If you qualify for this scholarship, with your signature below you acknowledge and agree that the recipient must submit a letter of enrollment status and grade point average for distribution of funds to the college or university of choice.

Student Signature:	Date:
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Parent or Guardian Signature:______Date:______Date:______Date:______Date:______Date:______Date:______Date:______Date:______Date:______Date:____Date:______Date:______Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:_____Date:______Date:_____Da

DEADLINE: April 19, 2024

Submit this information to either:

Jacksonville Education Foundation P O Box 631 Jacksonville, TX 75766

or

Mrs. Sarah Stephens College & Career Advisor Jacksonville High School