



**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:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

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

Jacksonville Education Foundation  
PO Box 631  
Jacksonville, TX 75766

or

Mrs. Sarah Stephens  
C & C Advisor  
Jacksonville High School

## OBJECTIVE CRITERIALIST

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

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

**DEADLINE: April 10, 2025**

**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