



# Jeanette Davidson Hopkinson Scholarship

Submit application to:  
**MVHS Counselor**

Scholarship Amount:  
Application Deadline:

**\$ TBA**  
**2nd Friday in April**

## Applicant Information

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address (Street/PO Box, City, State, ZIP Code) \_\_\_\_\_

\_\_\_\_\_ out of \_\_\_\_\_  
Class Rank Cumulative GPA Composite ACT® Score

College/School you plan to attend: \_\_\_\_\_

Anticipated field of study/major: \_\_\_\_\_

Leadership Positions: \_\_\_\_\_ (400 characters, or attach sheet)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Extra-Curricular Activities: \_\_\_\_\_ (400 characters, or attach sheet)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Experience: \_\_\_\_\_ (400 characters, or attach sheet)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Financial Need (why you need financial assistance): \_\_\_\_\_ (500 characters, or attach sheet)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Disclaimer and Signature

*\*\* Print this application to sign, date and submit as indicated above. \*\**

I certify that the above information disclosed in this application is true and accurate to the best of my knowledge. I agree to abide by the decision(s) of the scholarship committee, and understand that decisions are final and not open to contest. A false statement, alteration or omission of pertinent information from this application will be considered just cause for removal of application from scholarship consideration.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_