

**DR. HOMER E. BRECKENRIDGE, JR.
MEMORIAL SCHOLARSHIP**

APPLICANT'S NAME: _____

ADDRESS: _____

PARENT'S OR GUARDIAN'S NAME: _____

NUMBER OF CHILDREN IN FAMILY: _____

NUMBER OF OTHER CHILDREN IN COLLEGE OR TECH SCHOOL: _____

PLEASE LIST COMMUNITY AND SCHOOL ACTIVITIES YOU HAVE PARTICIPATED IN DURING HIGH SCHOOL. INCLUDE SPORTS, CHURCH, CLUBS, CHARITIES, MUSIC AND OTHER AREAS IN WHICH YOU WERE INVOLVED. (PLEASE USE ADDITIONAL SHEET OF PAPER AS NEEDED).

ACTIVITIES	9TH	10TH	11TH	12TH	LIST ANY AWARDS OR HONORS

MINIMUM REQUIREMENT 3.0 GPA

PLEASE GIVE A BRIEF DESCRIPTION OF THE FOLLOWING: (Please use attached sheet.)

- **LEADERSHIP POTENTIAL**
- **SCHOLASTIC ACHIEVEMENT**
- **COMMUNITY INVOLVEMENT**
- **COLLEGE YOU PLAN TO ATTEND AND FUTURE GOALS (Please attach your letter of acceptance from the college you plan to attend.)**
- **MEDICAL FIELD YOU PLAN TO PURSUE**

DATE

SIGNATURE OF APPLICANT

PLEASE ATTACH, ON A SEPARATE SHEET, A ONE-PAGE ESSAY DESCRIBING WHY YOU FEEL YOU SHOULD BE CONSIDERED FOR THIS SCHOLARSHIP. THIS DOES NOT DETERMINE THE WINNER OF THE SCHOLARSHIP.

The deadline for submitting the application is posted on the Local Scholarships' web page at <http://www.seminole.k12.ga.us/scholarships>. Please turn your application into the Guidance Office. Scholarship will be awarded on Honors Day in May.