

**THE ROBERT T. SCOTT MEMORIAL  
SCHOLARSHIP APPLICATION**

APPLICATION DATE (mm/dd/yyyy): \_\_\_\_\_

**STUDENT**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email address \_\_\_\_\_

Attending or graduated from \_\_\_\_\_ HIGH SCHOOL

Expected or actual Graduation Date: \_\_\_\_\_

Cumulative G.P.A.(Weighted) \_\_\_\_\_ (Non-Weighted) \_\_\_\_\_ Current G.P.A. \_\_\_\_\_

SAT scores or other like information \_\_\_\_\_

**FAMILY INFORMATION (or Guardian if applicable)**

	<u>Mother</u>	<u>Father</u>
Names:	_____	_____
Address(es):	_____	_____
Occupation:	_____	_____
Income:	_____	_____
Number of Children in Family and Ages:	_____	
	_____	

**EDUCATIONAL INSTITUTION**

Accepted by \_\_\_\_\_  
(Name of Institution)

\_\_\_\_\_

(Location)

1. Please attach your unofficial transcript to this application. Please write scores in spaces provided; not, "see attached".
2. Please list your activities at your high school, community (including service clubs or projects), sports, civic groups and church activities in which you have taken part.
3. Please attach a Letter of Recommendation from a teacher, coach.
4. Please attach an essay on why you want to pursue an education in health sciences and how you might use it to help others. The document format should be typed, double-spaced, and may not exceed 500 words.

**The complete application package should be returned by April 15 to  
The Community Foundation of Carroll County, 255 Clifton Blvd. Suite 313, Westminster, MD 21157**  
Please include all attachments for your application to be considered.  
**A Scholarship Fund of the Community Foundation of Carroll County, Inc.**