

Dr. Gerald D. Cobb 6th Grade Campus

6722 Uvalde Road
Houston, Texas 77049
Wendell Deason, Principal
832-386-2100



Dr. Gerald D. Cobb Alumni Scholarship

The purpose of this scholarship is to enable a deserving student to continue his/her enthusiasm for academics, leadership, character development, and citizenship beyond the secondary school level and forward to the college or university level.

Application for the 2016-17 School Year

OFFICIAL RULES

In order to be eligible for this scholarship, applicants must complete the application form in its entirety and return it to Bonnie Payne at Dr. Gerald D. Cobb 6th Grade Campus, by the deadline of **Thursday, May 18, 2017**. All applicants must:

- Graduate from North Shore Senior High School
- Enroll in an accredited four year college or university in the Fall of 2017
- Have attended Cobb 6th Grade Campus
- Meet minimum graduation requirements and have a GPA of 3.0 or higher
- Must be in the top half of the graduating class

The Dr. Gerald D. Cobb Scholarship Committee will screen and select recipients.

STUDENT APPLICATION

APPLICATION INFORMATION MUST BE TYPEWRITTEN EXCEPT FOR SIGNATURES

APPLICATION DATA:

NAME

LAST	FIRST	MIDDLE

STREET ADDRESS

--

CITY, STATE & ZIP CODE

--

TELEPHONE NUMBER

--

DATE OF BIRTH

PLACE OF BIRTH

--	--

HIGH SCHOOL DATA

Your rank: _____ in a class of : _____ students. Cumulative grade point average (4.0 scale) _____

LIST COMMUNITY AND VOLUNTEER ACTIVITIES

GOALS AND ASPIRATIONS

Please attach an essay of no more than two pages including the following:

(1) Education goals, (2) Career goals, and (3) Future Plans

Positive Influence

In two or three sentences, state which former Cobb staff member(s) contributed to your achievements to date and how.

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PERSONAL INCOME STATEMENT AND WORK EXPERIENCE

Are you currently employed?	YES If yes, where and how many hours per week?	NO
Will you need to work while in college?	YES	NO
Do you or your family have any savings for college?	YES	NO
Are you applying for other scholarships?	YES	NO

APPLICATION CHECKLIST

This application for the scholarship becomes complete and valid only when you have submitted the following materials together in an envelope.

_____ Student Application

_____ Essay Requirement (attached)

_____ High School Transcript

Hand deliver to:

**Dr. Gerald D. Cobb 6th Grade Campus
Attention: Bonnie Payne, Sponsor
6722 Uvalde Road
Houston, Texas 77049**



SELECTION OF RECIPIENTS

The Dr. Gerald D. Cobb Scholarship Committee has the sole responsibility for selecting the recipients. Scholarships will be given in the amount of \$1,000 after proof of enrollment and a financial statement for the fall semester is received.

CERTIFICATION

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information will result in termination of any scholarship granted. This application becomes the sole property of the Galena Park ISD. I understand that all scholarship checks will be given to the college or university in the student's name.

**** ALL INFORMATION IS STRICTLY CONFIDENTIAL AND USED ONLY FOR THE PURPOSES OF THIS SCHOLARSHIP**

APPLICANT'S SIGNATURE _____ DATE _____

PARENT'S SIGNATURE _____ DATE _____

COBB SPONSOR'S SIGNATURE _____ DATE _____
