2025 HOOD COUNTY HOSPITAL DISTRICT LOCAL SCHOLARSHIP APPLICATION

DR. LYNN POWELL MEMORIAL SCHOLARSHIP

Please **type or print in ink.** Attach a copy of your essay and transcript to each application.

Completed applications are due no later than 4:30 p.m. MAY 2, **, 2025, to the County Judge's Office at 100 East Pearl Street, Granbury, Texas 76048.**

I. Student Information

Name:_____ **Phone #**_____

Address:_____

_____

Date of Birth:_____ **Class Rank:**_____ **out of** _____ **G.P.A.** _____

College you plan to attend: _____

Proposed Healthcare Major:_____

Estimated Expenses:_____ **Do you plan to work in college?**_____

Have you filled out a FAFSA application: _____

II. Parent/Guardian Information

Name: _____ **Relationship:**_____

Occupation:_____ **Employer**_____

Name: _____ **Relationship:**_____

Occupation:_____ **Employer**_____

Siblings:_____ Ages:_____

Family Members Attending College Next Year:_____

III. **REQUIRED Statement of Personal and Career goals and how this scholarship will help you achieve these goals. Be Specific!**

IV. **School Activities, Special Recognitions, Community Involvement and Employment**

1. **List your most notable school-related activities and any office or leadership positions held during grades 9-12.**

2. **List any special recognitions, award and/or honors received during grades 9-12.**

3. **List your most notable community involvement and/or community service activities during grades 9-12.**

4. **List any jobs and employers you have had during grades 9-12. Be sure to include your summer employment.**

Student Signature:_____

Parent Signature:_____

V. **Family Financial Statement**

Since the element of financial need can be a major determining factor used by scholarship donors, it is important that complete and accurate information be supplied. Information is to be furnished by your parent/guardian and is strictly confidential. Please indicate your parent/guardians combined income based on 2023 or 2024 Federal Income Tax Return.

_____$0-$49,999 _____$50,000-74,999 _____$75,000-99,999

_____$100,000-$124,000 _____$125,000-$150,000 _____$150,000+

If the student filed an Income Tax Return for 2023 or 2024, please list your income:_____

Local Scholarship Transcript Request