

Deputy Allen Lipford Memorial Scholarship

Personal Information

Name: _____

Address: _____

Parents' names: _____

Where do you plan to continue your education? _____

Applied: Yes or No Been accepted: Yes or No Major: _____

Education information

Current GPA: _____

ACT: _____

Extracurricular Activities

Activity	Roles and Responsibilities
1. _____	_____ _____
2. _____	_____ _____
3. _____	_____ _____
4. _____	_____ _____
5. _____	_____ _____

I hereby request and authorize the release of information contained in my student records at JCHS to the appropriate scholarship committee for the purpose of evaluation and scholarship award selection.

Student Signature

Date

Parent signature (also required if student is less than 18)

Date

Your application must be returned to Ms. Evans by Friday, March 20, 2026.

Essay Question

[illegible]