

# Montiford & Mary Beck Doupe Scholarship Application

Applications are due to Cherokee State Bank **no later than April 1<sup>st</sup>**.

Open to student pursuing studies in a medical field.

## Personal Information:

Name \_\_\_\_\_  
Last First Middle

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

Parents Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Number \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## Education Information:

High School Attended \_\_\_\_\_ Graduation Date \_\_\_\_\_

H.S. Class Size \_\_\_\_\_ H.S. Class Rank \_\_\_\_\_ GPA \_\_\_\_\_ ACT or SAT Score \_\_\_\_\_

College to be attended \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

What will be your college academic major? \_\_\_\_\_

What is your enrollment status? \_\_\_\_\_ Full time \_\_\_\_\_ Part time

For the two semesters prior to the date of this application, list the courses taken and grades received.

Course	Grade

Course	Grade

## References:

Please provide the names of four individuals (relatives are not accepted) who may be contacted for a character reference. Of the four, two should be teachers or school administrators with whom you had contact in the past year.

Name	Occupation	Phone Number	Address

## Essay:

On a separate page, in 300-500 words, please provide reasons on why you are deserving of the scholarship.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_