

ROB KELLEY MEMORIAL SCHOLARSHIP

Scholarship Application

*Thank you in advance for your time in completing this application.
This scholarship is open to all Plainview seniors.*

When you have completed this application, please give it to your school counselor no later than March 15th.

PERSONAL INFORMATION

Name: _____

Street Address _____

Phone Numbers: _____

Parent (s) Name and Address: _____

Academic Information

GPA/Rank: _____ SAT/ACT: _____

College Preference: _____

Field of Study, Career Path, or Desired Occupation:

Extra Curricular Activities

High School Clubs & Recognitions (including athletic):

Church, Community, or Volunteer Activities:

Work Experience:

ESSAY (Please attach)

In 500 words or less:

Why should you receive this scholarship given to honor and remember a young man who lost his battle with cancer? What have you done in your school and community to make it a better place?