Gruver High School

Office of the Counselor Gruver, Texas 79040

Local Scholarship Application: Gruver High School

Name:		Date of Birth:	
Parent's Names:			
Home Phone:	Cell Phone:	Work Phone	
Email Address:			
Home Address:			
C v	technical school you plan to		
	at school:		
High School GPA:	Rank:	ACT/SAT:	
College Classification (if app	olicable):		
Please attach a double-space given consideration for this		our own words why you should be	
	received. Example: One Act	olved. Also add any offices held or EPlay 1, 4 3, 4 (Secretary 4)	

avolved. Also add any offices held or honors/recognition/awards received. Example:
2-H 1, 2, 3 Dairy Queen, Cashier, May 2004-present
Upon request, you will be furnished a copy of scholarship rules which apply to this application of our application will be copied and distributed to a committee representing each of the entries bove. If you do not want a committee to review your application, please list it:
ignature Date

Please list any out of school activates (work, church, clubs, camps, etc) and number of years