

Montiford & Mary Beck Doupe Scholarship Application

Applications are due to Cherokee State Bank no later than April 1st.

Open to students 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, credit, and grades received.

Course	Credit	Grade	Course	Credit	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 why you are deserving of this scholarship.

Signature _____

Date _____