

JAMES A. CAMPBELL STUDY CLUB



HUGH F. BRIDGES SCHOLARSHIP APPLICATION

Applicant Information

Full Name: _____
Last First M.I. Date of Birth: _____

Address: _____
Street Address Apartment/Unit #

_____ **Florida** _____
City State ZIP Code

Phone: _____ Email: _____

Academic Information

High School: _____ City: _____

Overall GPA: _____ College Attending: _____
This can be a Junior or Community College, Trade School, or four year university

Major Pursuing: _____ City: _____

Principal Name: _____ Phone #: _____

Email: _____

Reference Information

Person Providing Letter of Reference

Full Name: _____ Relationship: _____

Phone #: _____ Email: _____

Disclaimer and Signature

I hereby certify that the information on this application is correct to the best of my knowledge. I hereby grant permission to the scholarship committee to contact my school, if necessary and to use my name, correspondence, and photograph in promotional materials in the event that I am selected to receive a scholarship.

Applicant's Signature: _____

Date: _____