

**FRANKLIN COUNTY  
CHAMBER OF COMMERCE  
JIM WEBB SCHOLARSHIP  
(Awarded to ONE Russellville High School Senior)  
DEADLINE  
MARCH 15, 2021**

***Printed Applications must:***

- 1. Be received by deadline date.*
- 2. Be printed only on one side of page (not front & back).*
- 3. Be paper clipped, not stapled.*
- 4. Be mailed or delivered in manila envelopes.*
- 5. Be left flat, not folded.*
- 6. Be complete to be considered (no resumes).*
- 7. Include High School Transcript.*
- 8. Include two letters of recommendation: one from a teacher in your high school and one from a member of your community other than a relative.*

***Applications sent via email must:***

- 1. Be received by deadline date.*
- 2. Be complete to be considered (no resumes).*
- 3. Include High School Transcript.*
- 4. Include two letters of recommendation: one from a teacher in your high school and one from a member of your community other than a relative.*

**Franklin County Chamber of Commerce  
P.O. Box 44/103 Jackson Avenue North  
Russellville, AL 35653  
director@franklincountychamber.org**

**FRANKLIN COUNTY CHAMBER OF COMMERCE  
JIM WEBB SCHOLARSHIP APPLICATION**

**(Print or Type)**

Students Name: \_\_\_\_\_  
(First) (Middle) (Last)

Home address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

School Presently Attending: \_\_\_\_\_

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

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

College, University, or other educational institute student plans to attend. (Indicate name and location of school)

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

Applicant Number \_\_\_\_\_  
(To be completed by Chamber)

# OBJECTIVE CRITERIA LIST

I. College Entrance Examination Score:

ACT Composite Score \_\_\_\_\_

II. Students high school grade average, excluding spring semester of Senior year.

Numeric Cumulative GPA \_\_\_\_\_ Weighted GPA \_\_\_\_\_

III. Attach the Student's transcripts for Freshman, Sophomore, Junior and Senior years. Identify any advanced or honor courses below.

## FINANCIAL NEED

Please complete the information requested below for financial need determination. (This information is considered completely confidential)

1. Number of dependents in household on last year's income tax return: \_\_\_\_\_

2. Gross family income as filed on last year's income tax return: \_\_\_\_\_

3. List the total number of dependents who will be attending college (including yourself) during the fall semester of the upcoming year: \_\_\_\_\_

Please provide any additional information or explanation in the space below to clarify any circumstances which will affect your financial ability to attend college during the upcoming year.

**HIGH SCHOOL EXTRACURRICULAR ACTIVITIES (Grades 9-12)**

Did you graduate from the Junior Leadership Program? \_\_\_\_\_

Organizations and Clubs:

(Indicate years of involvement and any offices held)

Honors and Awards:

Athletics and Band:

Community Involvement (be specific):

**WORK ACTIVITIES**

List all types of employment you have had during the past twelve months. Indicate the type of work, your employer's name and the number of hours worked per week.

Place of Employment	Type of Work	Hours

**PERSONAL ESSAY**

In the space provided below, please describe in 100 words or less in your own words and handwriting why you want to be a recipient of this scholarship, the course of study you plan to follow and your proposed occupation. Remember; do not sign your name.