

# Bob Safe Scholarship

This \$1000 scholarship is in memory of Bob Safe, GFW teacher and athletic coach.

**Eligibility:** **1) MUST** be a GFW school athlete. **2)** (a) lost a parent to death, (b) pursuing a degree in education, **OR** (c) pursuing a degree in the medical field

Name \_\_\_\_\_

Have you lost a parent to death? \_\_\_\_\_

Where are you planning to attend college? \_\_\_\_\_

What do you plan to major in? \_\_\_\_\_

GPA \_\_\_\_\_ class rank \_\_\_\_\_ ACT Composite \_\_\_\_\_

### **On a separate sheet of paper:**

(please number and answer the following)

1. What high school athletics have you participated in? Please be specific indicating number of years, what position you played, and whether or not you lettered. Please give one highlight from each sport.
2. Give a brief statement as to why do you need this scholarship? In other words, what is your financial need?
3. What do you plan to do AFTER college?
4. What community activities have you participated in? (Service projects)

Due in the Office by 3:00  
on April 8, 2020