DEWITT CHAMBER OF COMMERCE
WILBUR BOTTS MEMORIAL SCHOLARSHIP APPLICATION

ATTACH PHOTO (REQUIRED)

Date_____

1. General Information: (Please type or print neatly)

   Name_____
   (Last) (First) (Middle)

   Home Address_____

   Home
   Telephone_____

   Age_____ Date of Birth_____

   Parent or Guardian_____

2. Scholastic Data: (To be filled in by High School Counselor)

   High School GPA_____ Class Rank_____

   ACT Score_____ SAT Score_____

   Were you in an accelerated group or honors program?_____

   If yes, please list the subject areas_____

3. Extra Curricular Activities: (List high school activities and offices held)

   _____

   _____

   _____

4. Goals and Plans:

   College of your choice in Arkansas_____

   Have you been accepted by the College? Yes_____ No_____

   Course of study_____

   Future occupation_____

5. A college education takes several years to complete. Describe what you expect of yourself at the end of this time.

6. Describe an activity or accomplishment that was particularly meaningful to you in High School.

7. What significance does your meaningful activity or accomplishment have on your future?

8. Please write a quality statement concerning your family status, your desire for a college education, how you will be served by this scholarship grant, and any additional information which you think would be useful in evaluating your application.