



BETTIE DOROTHY GONZALEZ REMEMBRANCE SCHOLARSHIP APPLICATION

Please complete and return to:
Scholarship@bdghope.org or
Bettie D. Gonzalez Foundation of Hope
1472 Sandstone Drive, Frisco, TX 75034

PERSONAL INFORMATION

FIRST NAME:

LAST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL ADDRESS:

PHONE NUMBER:

DATE OF BIRTH:

HOW LONG HAVE YOU BEEN
MOTHERLESS?

ACADEMIC INFORMATION

NAME OF HIGH SCHOOL:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

GRADUATION DATE:

G.P.A.:

CLASS RANK:

COLLEGES/
UNIVERSITIES APPLIED
TO:

HAVE YOU BEEN
ACCEPTED?

WHAT MAJOR/FIELD OF
STUDY DO YOU PLAN TO
PURSUE?

EXTRA-CURRICULAR ACTIVITIES

LIST SCHOOL AND COMMUNITY ACTIVITIES:

ACTIVITY:

BRIEF DESCRIPTION OF
YOUR ROLE:

ACTIVITY:

BRIEF DESCRIPTION OF
YOUR ROLE:

ACTIVITY:

BRIEF DESCRIPTION OF
YOUR ROLE:

**POSITIONS OF
RESPONSIBILITY AND
LEADERSHIP:**

WORK EXPERIENCE:

ESSAY

PLEASE WRITE A ONE PAGE ESSAY ON YOUR LIFE GOALS, AND HOW THIS SCHOLARSHIP WOULD HELP YOU TO ACHIEVE YOUR DREAM!