



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:

Email Address:

Phone Number:

Date of Birth:

Who is your primary guardian(s)?

What is their relationship to you?

What is their email or phone number?

How did you hear about us?

ACADEMIC INFORMATION

Name of High School:

Street Address:

City/State/Zip:

Graduation Date:

G.P.A.:

Colleges/Universities
Applied to:

Have you been
accepted?

What Major/Field
of Study do you plan
to pursue?

What are your goals in
this field of study?

Please include a letter(s) of recommendation with your application.

EXTRA-CURRICULAR ACTIVITIES

List School Team/Club involvement:

Activity & Length of Time
on Team or in Club

Brief Description of Your
Role and/or Leadership
Responsibilities

List Community Group(s) involvement:

Activity & Length of Time
in Community Group

Brief Description of Your
Role and/or Leadership
Responsibilities

List Volunteer and/or Work Experience During High School:

Please include length of time and your role and leadership responsibilities

ESSAY :

Please attach an essay on how being a motherless daughter has impacted your life.