

# Dr. Gerald D. Cobb 6<sup>th</sup> Grade Campus

6722 Uvalde Road  
Houston, Texas 77049  
Adrian Hurtado, Principal  
832-386-2100



## Dr. Gerald D. Cobb Alumni Scholarship

The purpose of this scholarship is to enable a deserving student to continue his/her enthusiasm for academics, leadership, character development, and citizenship beyond the secondary school level and forward to the college or university level.

Application for the 2019-2020 School Year

### OFFICIAL RULES

In order to be eligible for this scholarship, applicants must complete the application form in its entirety and return it to Bonnie Payne at Dr. Gerald D. Cobb 6<sup>th</sup> Grade Campus, by the deadline of **Friday, April 10, 2020**.

All applicants must:

- Graduate from a high school in the Galena Park Independent School District Spring 2020
- Enroll in an accredited four year college or university in the Fall of 2020
- Have attended Cobb 6<sup>th</sup> Grade Campus
- Meet minimum graduation requirements and have a GPA of 3.0 or higher
- Must be in the top half of the graduating class

**The Dr. Gerald D. Cobb Scholarship Committee will screen and select recipients.**

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**DR. GERALD D. COBB ALUMNI - STUDENT APPLICATION**

**APPLICATION INFORMATION MUST BE TYPEWRITTEN EXCEPT FOR SIGNATURES**

|           |            |             |
|-----------|------------|-------------|
| LAST NAME | FIRST NAME | MIDDLE NAME |
|-----------|------------|-------------|

|                |      |       |          |
|----------------|------|-------|----------|
| STREET ADDRESS | CITY | STATE | ZIP CODE |
|----------------|------|-------|----------|

|               |     |        |
|---------------|-----|--------|
| DATE OF BIRTH | AGE | CELL # |
|---------------|-----|--------|

|               |            |
|---------------|------------|
| FATHER'S NAME | OCCUPATION |
|---------------|------------|

|               |            |
|---------------|------------|
| MOTHER'S NAME | OCCUPATION |
|---------------|------------|

**FUTURE PLANS:**

|                              |               |
|------------------------------|---------------|
| COLLEGE/UNIVERSITY ATTENDING | DESIRED MAJOR |
|------------------------------|---------------|

**ESSAY REQUIREMENT: (no more than 2 pages, double spaced, 12-point Times New Roman font)**

Please explain your future education and career goals and include the former Cobb staff member(s) that had the greatest impact on your life.

**RESUME REQUIREMENT: (no more than 2 pages, 12-point Times New Roman font)**

Please attach a resume which includes your community/volunteer service, extra-curricular activities and work experience, if any.

**PERSONAL INCOME AND WORK EXPERIENCE:**

|   |  |           |
|---|--|-----------|
| Are you currently employed?                         | <b>YES</b><br>If yes, where and how many hours per week? | <b>NO</b> |
| Will you need to work while in college?             | <b>YES</b>   | <b>NO</b> |
| Do you or your family have any savings for college? | <b>YES</b>   | <b>NO</b> |
| Are you applying for other scholarships?            | <b>YES</b>   | <b>NO</b> |

**APPLICATION CHECKLIST:**

This application for the scholarship becomes complete and valid only when you have submitted the following materials together in an envelope.

\_\_\_ Student Application

\_\_\_ Essay Requirement (attached) – No more than 2 pages, double spaced, 12-point Times New Roman font

\_\_\_ Resume Requirement (attached) – No more than 2 pages, 12-point Times New Roman font

\_\_\_ High School Transcript (unofficial copy)

**Hand deliver to:**

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**Dr. Gerald D. Cobb 6<sup>th</sup> Grade Campus  
Attention: Bonnie Payne, Sponsor  
6722 Uvalde Road  
Houston, Texas 77049**

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**SELECTION OF RECIPIENTS**

The Dr. Gerald D. Cobb Scholarship Committee has the sole responsibility for selecting the recipients. Scholarships will be given in the amount of \$1,000 after proof of enrollment and a financial statement for the fall semester is received.

**CERTIFICATION**

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information will result in termination of any scholarship granted. This application becomes the sole property of the Galena Park ISD. I understand that all scholarship checks will be given to the college or university in the student’s name.

**\*\* ALL INFORMATION IS STRICTLY CONFIDENTIAL AND USED ONLY FOR THE PURPOSES OF THIS SCHOLARSHIP**

**APPLICANT’S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARENT’S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**COBB SPONSOR’S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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