Incomplete Applications and/or Missing Items will not be reviewed.

The Hood Family Foundation

Gladewater High School

Hood Family Foundation 2025 Give to B. Humphreys, Counselor by 3:30 pm on 04/16/2025

Name:	Birthdate:					
Address: City, State, Zip:						
Parent/Guardian Names:						
Father's Employment:		Phone:				
Mother's Employment: _		Phone:				
List Names and Ages of o	ther children in the household:					
Are you employed? If yes	, where?	Hours per wk:				
Phone: J	ob Description:					
Previous Work History: (L	ist employer, hours per week, l	ength of employment, phone number)				
1						
2						
3						
List Volunteer Experience	e: (Where, Contact Name, Phone	e Number, and hours per week)				
1						
2						
3						
to turn in each of the thre	ee letters of recommendation w	hat will recommend you for this scholarship. (Be sure vith this completed Hood application.) 3				
Where do you plan to att	end college? :					
Have you been accepted?	Yes No List your	intended major:				
What are your future pla	ns: (include the immediate [sho	ort term] and your long-term plans)				
	_	which you have ever participated in during high vith each activity or organization.				

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Extracurricular Activities and Organizations continued:							
List any other Aw	ards or Honors, no	ot listed above	e:				
What are your ho	bbies:						
State your Favorit	e Quote:						
Briefly state why	you feel that you s	hould be awa	irded a scho	olarship:			
Student Signature			Date				
					our Application		
				ounseling Office			
Date Received:		By:					
Application Comp	leted: 3 Letters o	f Recommend	lation 1	23	Photo:		
Class Rank:	_ out of S	tudents,10 P	t Weighted	Scale GPA	4 Pt Unweighted Scale		
SAT: Evidence Bas	sed Read/Writing	M	ath	Composite	Test Date:		
ACT: English	Reading	Math	Science	Composite:	Test Date:		