

Name_____

III. Grades/Transcripts - (Please ATTACH a copy)

- If a Brookdale student, obtain a copy from your student planning portal
- If a high school student, obtain your transcript from your guidance counselor

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| What is your current GPA (Grade Point Average)? |
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IV. Objectives: Briefly indicate below in a few sentences describing:

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| ■ Your educational objectives |
| ■ Your career objectives |
| ■ Your financial need |

I understand that:

- ✓ The Dr. Webster Trammell Scholarship and the Monmouth-Ocean County Pan Hellenic Council Scholarship Committee reserves the right to request additional information from any person named herein regarding my eligibility for this scholarship:
- ✓ That selections for this scholarship will be final;
- ✓ That, should I be the recipient and then withdraw from my planned academic program, my award will be forfeited.

I hereby certify that the statements herein are true and that I believe I am eligible for this award.

V. Certification/Signature: _____

Date: _____