



Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Father's Name \_\_\_\_\_ Father's Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

High school \_\_\_\_\_ GPA \_\_\_\_\_ SAT/ACT \_\_\_\_\_

University/Institution you plan to attend \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Career you plan to pursue \_\_\_\_\_

Please list any other scholarships received and the amounts \_\_\_\_\_

\_\_\_\_\_

Honors received and year \_\_\_\_\_

Sports and other school activities \_\_\_\_\_

The Christopher R Gregoire Scholarship Fund  
7522 Bichon Dr., Suite 120  
Corpus Christi, TX 78414  
[www.ChrisGregoire.org](http://www.ChrisGregoire.org)  
[ChrisGregoireFund@gmail.com](mailto:ChrisGregoireFund@gmail.com)

The Christopher R Gregoire Scholarship & Memorial Fund is a 501(c)(3) nonprofit organization



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Church and/or community involvement \_\_\_\_\_

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Parent's combined income \_\_\_\_\_

Family size (include everyone your parents are responsible for financially that live in your home)

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\*please include additional sheet if necessary

I hereby certify that the information on this application is complete and correct to the best of my knowledge. I hereby grant permission to The Christopher R Gregoire scholarship Fund to contact my school, if necessary, and use my name, likeness, and photograph in promotional materials both printed and online in the event that I am selected to receive a scholarship.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**To the Application:** This section is required and must be completed by High school counselor or advisor. Application to be filled out neatly in blue or black ink. Please scan and email completed application to [ChrisGregoireFund@gmail.com](mailto:ChrisGregoireFund@gmail.com)

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**To the School Official:** You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. **A letter of recommendation does not replace this section.**

The applicant's choice of a post-secondary educational program is:	<input type="checkbox"/> Extremely Appropriate	<input type="checkbox"/> Very Appropriate	<input type="checkbox"/> Moderately Appropriate	<input type="checkbox"/> Inappropriate
The applicant's achievements reflect his/her ability:	<input type="checkbox"/> Extremely Appropriate	<input type="checkbox"/> Very Appropriate	<input type="checkbox"/> Moderately Appropriate	<input type="checkbox"/> Inappropriate
The applicant's ability to set realistic and attainable goals is:	<input type="checkbox"/> Extremely Appropriate	<input type="checkbox"/> Very Appropriate	<input type="checkbox"/> Moderately Appropriate	<input type="checkbox"/> Inappropriate
The applicant demonstrates good problem-solving skills, follows through, and completes tasks:	<input type="checkbox"/> Extremely Appropriate	<input type="checkbox"/> Very Appropriate	<input type="checkbox"/> Moderately Appropriate	<input type="checkbox"/> Inappropriate
The applicant demonstrates leadership in the community and classroom:	<input type="checkbox"/> Extremely Appropriate	<input type="checkbox"/> Very Appropriate	<input type="checkbox"/> Moderately Appropriate	<input type="checkbox"/> Inappropriate
The applicant demonstrates respect for self and others:	<input type="checkbox"/> Extremely Appropriate	<input type="checkbox"/> Very Appropriate	<input type="checkbox"/> Moderately Appropriate	<input type="checkbox"/> Inappropriate

**TO BE COMPLETED BY SCHOOL OFFICIAL:**

Is this student in the current graduating class and meets eligibility requirements? \_\_\_\_\_

Comments:

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Signature \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_

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