

**JAMES AND DONJETTE YARBROUGH  
SCHOLARSHIP APPLICATION**

**SECTION A:  
BIOGRAPHICAL  
INFORMATION**

Full Name: \_\_\_\_\_  
Last First Middle

Preferred Name: \_\_\_\_\_ CWID: \_\_\_\_\_

Current Status:  
 High School Senior       Transfer       University of Alabama Student

Major or Intended Major: \_\_\_\_\_ Career Objective: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm      dd      yy

**Mailing Address:** \_\_\_\_\_  
Street or Route Apt. #

City County

State Zip Code

Home Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_      Daytime Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

**Permanent Address** (if different from above): \_\_\_\_\_  
Street or Route Apt. #

City County

State Zip Code

Home Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_      Office Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

**SECTION B:  
HIGH SCHOOL  
BACKGROUND**

High School: \_\_\_\_\_  
Name County State

Senior Guidance Counselor: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

High School GPA (on a 4.0 scale): \_\_\_\_\_ PSAT/MSQT: M \_\_\_\_\_ V \_\_\_\_\_ Sel. Index \_\_\_\_\_

ACT Composite: \_\_\_\_\_ ACT Math Score: \_\_\_\_\_ SAT: M \_\_\_\_\_ V \_\_\_\_\_ Total \_\_\_\_\_

Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Class Rank: \_\_\_\_\_ of \_\_\_\_\_ in graduating class  
mm      yy

**PLEASE REMEMBER TO COMPLETE THE REMAINING SECTIONS**

**SECTION C:  
ACTIVITIES**

Please submit a statement describing all significant scholarly accomplishments, honors, leadership and service experiences either in the space provided below or as a separate document. This statement should not exceed 1 page of single-spaced text. The committee is specifically interested in assessing your potential to impact science and society. Please indicate the appropriate grade level for each accomplishment.

**SECTION D:  
COLLEGE  
HISTORY**

College(s) Attended:

Institution: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Quarter /  Semester Hours Earned: \_\_\_\_\_ GPA: \_\_\_\_\_

Institution: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Quarter /  Semester Hours Earned: \_\_\_\_\_ GPA: \_\_\_\_\_

Institution: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

Quarter /  Semester Hours Earned: \_\_\_\_\_ GPA: \_\_\_\_\_

Total Earned Hours: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Please indicate the total hours you anticipate transferring to UA: \_\_\_\_\_

**SECTION E:  
SIGNATURE**

I have completed all sections of this application and believe the above to be true to the best of my knowledge.

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Signature of Applicant

Date