



**The E.S.T.E.A.M. Initiative**  
Barbara Hinton Bragg Memorial Scholarship

*Must be e-mailed no later than 11:59pm on March 30th*

**General Information**

Applicant's Name: \_\_\_\_\_  Male  Female  
Address: \_\_\_\_\_ Apt./Unit #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email : \_\_\_\_\_  
Parent/Guardian Name(s): \_\_\_\_\_ Parent Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Educational Information**

To be completed by *current high school seniors*

School Name: \_\_\_\_\_ City/State: \_\_\_\_\_  
Cumulative GPA: \_\_\_\_\_  Weighted  Non-weighted

*List colleges or universities where you have applied (circle those that have accepted you):*

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To be completed by *students currently enrolled in community college*

Name of College: \_\_\_\_\_ City/State: \_\_\_\_\_  
Current Enrollment Status:  Full-time  Part-time # Credits this Semester: \_\_\_\_\_  
Cumulative GPA: \_\_\_\_\_ Total # of College Credits Earned: \_\_\_\_\_