

# 2017-2018 Scholarship Application

## Student Information

Name:			
First	Middle	Las	st
Street	City	State	Zip Code
Home Phone:	Cell P	Cell Phone:	
Who do you live with: $\Box$ B	oth Parents 🗆 Single Paren	t $\Box$ Grandparent(s)	□ Relative □ Other
	Academic Inform	ation	
High School Attending:			
Address:			
Street	City	State	Zip Code
		S	AT Score
Cumulative GPA:	Act Score:	Verbal:	Writing:
Weighted GPA:		Math:	
2			
	College Inform	ation	
Name of College/University	you plan to attend:		
Address of College:			
Stree			Zip Code
	nding is a: □ 4 Year College	_	_
·			
Cost of Tution:			
College Enrollment Status:	🗆 Full-Time 🗆 Part-Tin	ne	
Living Status:  □ On-Camp	us $\Box$ Off-Campus $\Box$ With	Parents  □ Other_	

#### **Family Financial Information**

Are your parents/guardians employed?  $\Box$  Yes  $\Box$  No If yes, how many family members in your household contribute to your family's primary income? Please list all family members (Head of household) that contribute to your family's income. Relationship:\_\_\_\_\_ 1. Name: Employer: Occupation: Employer's Address Gross Income:\_\_\_\_\_ Length of Employment:\_\_\_\_\_ 2. Name:\_\_\_\_\_ Relationship: Employer:\_\_\_\_\_ Occupation:\_\_\_\_\_ Employer's Address Gross Income: Length of Employment:\_\_\_\_\_ 3. Name: \_\_\_\_\_ Relationship: Occupation:\_\_\_\_\_ Employer:\_\_\_\_\_ Employer's Address\_\_\_\_\_ Gross Income:\_\_\_\_\_ Length of Employment:\_\_\_\_\_

#### **Extra-Curricular Activities**

Your coach must sign his/her signature to verify your participation

Total Family Income:\_\_\_\_\_

Activity/Sport	Years Involved	Special Recognitions/Lettered	Coaches' Signature

### **Community Services Activities**

Organization/Service Dates Involved		Length of Service
		$\Box$ One day $\Box$ One year $\Box$ On-going $\Box$ Other
		$\Box$ One day $\Box$ One year $\Box$ On-going $\Box$ Other
		$\Box$ One day $\Box$ One year $\Box$ On-going $\Box$ Other
		$\Box$ One day $\Box$ One year $\Box$ On-going $\Box$ Other
		$\Box$ One day $\Box$ One year $\Box$ On-going $\Box$ Other
		□ One day □ One year □ On-going □ Other

### **Other Honors /Awards**

Work	Exper	iences

Employer	<b>Dates of Employment</b>	Brief Job Description

#### Essay

In approximately 250 words, type an essay on why you should be selected as the recipient of the Walter H. Scott Memorial Scholarship. Please attach the essay on a separate sheet.

#### Below are the required documents that must be submitted with the application.

- □ Application
- □ Official High School Transcript
- □ Three (3) Letters of Recommendations (2 from school officials and one (1) personal reference)
- □ Personal Essay (250 words)

Scholarship Application must be post mark by Friday, March 16, 2018 to be considered for the recipient of the WHSM Scholarship.

Please mail your application to:

Walter H Scott Memorial Scholarship Fund Attn: Walter H. Scott, II PO Box 226 West Point, GA 31833

I hereby certify that the following information provided in this application is complete and correct to the best of my knowledge. I understand that if any information provided is untrue my application will be disqualified.