

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	Dates of Employment	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.