KIWANIS CLUB OF TOCCOA SCHOLARSHIP APPLICATION

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Eligibility: Gra	duating seniors of Ste	phens County High Scl	hool
Selection Criteria:	Consideration wil service to the com	l be given to academic munity and school	merit, financial need, and
Name: Last	First	Middle	
Address:			
Father's Name:			
Address:			
Occupation:	Employer:		
Mother's Name:			
Address:			
Occupation:	Employer:		
Number of Brothers	: Ages:		
Number of Sisters:	Ages:		
What is your anticip	ated graduation date?		
Where do you want	to attend college?		
Do you plan to atten	d college if you do no	ot receive scholarship as	ssistance?
Have you received o	r been promised any	other scholarship(s)?	
If so, list:			
Are you eligible to re	eceive HOPE Grant a	ssistance? Yes 🗌	No 🗌
If not, why not?			

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State, in your own words and in your own <u>handwriting</u>, your reasons for wanting to continue your education. In what field have you chosen to obtain your degree, and what has influenced you most in making this choice?

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High School Activities:

Honors Received:

Offices Held:

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Extracurricular Activities/ Club Memberships/Athletics:

Church and Community Activities:

Tell us about your church and/or community participation:

<u>Hobbies</u>

Employment:

List all jobs which you have held for which you were paid?:

References:

List a name and address for each reference:

School Reference:

Community Leader:

Other Reference:

Please attach an official high school transcript and all test scores.