

## **The University of Georgia Foundation George A. Chance Memorial Scholarship**

1. Applicants and recipients of this scholarship must be members of the graduation class of Effingham County High School during the year in which the scholarship is awarded.
2. Scholarship will be awarded on the basis of need, character, academic performance and all around sincerity of purpose.
3. Scholarship monies are to be paid to the Financial Aid Office at the University of Georgia at the beginning of fall semester once the selected student is enrolled and PROOF of enrollment is provided.
4. All applications must be completed and received in the counselors' office by **May 10.**
5. Scholarship will be recognized at Effingham County High School Class Night each year.
6. Applicants are to submit a short (less than 300 words) autobiographical sketch including a resume reflecting accomplishments and goals.
7. Each application is to be accompanied by three letters of recommendation, one being from school personnel and one from someone in the community.
8. The scholarship amount will be determined by scholarship committee.
9. **Applications may be printed from the ECHS Counselors' website and returned to Mrs. Mimi Hayes.**
10. Each applicant must be affiliated with a Christian Church. Verification would require a brief statement from your pastor.
11. ALL INCOME in the home of applicant must be reported. Attach in a sealed envelope, the last page of the income tax form (s) showing total household income. THIS FORM MUST BE INCLUDED FOR THE COMMITTEE TO PROCESS YOUR SCHOLARSHIP APPLICATION.
12. **Each applicant must complete the FAFSA before submitting the scholarship application.**



Brothers' Names

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Sisters' Names

Age: \_

Age: \_

Age: \_

Age: \_

Age: \_

Age: \_

Persons other than those already named who also reside in your home:

\_\_\_\_\_

Is another member of your family attending college, technical school, nursing school or other post-high school training program?  Yes  No

If yes, please explain.

\_\_\_\_\_

Within the last five (5) years, have there been any unusual circumstances in your family that have created extreme financial difficulty such as an extended illness, accidents, physical disability, etc?  Yes  No

If yes, please explain.

\_\_\_\_\_

**III. Education/Career Goals**

Have you applied to UGA?  Yes  No

If yes, when did you apply (please give the date of application). \_\_\_\_\_

Have you been accepted to UGA?  Yes  No

Please use the box below to provide additional information if you need to.

\_\_\_\_\_

Give a brief statement of your intended major course of study and your career plans upon graduation from college.

\_\_\_\_\_

**IV. Activities** (A full resume may be substituted for this section)

In what community activities or projects have you recently taken part? What was your role in each one?

In what school activities or projects have you recently taken part? What was your role in each?

In what religious activities have you recently taken part? What was your role in each?

List all significant extra-curricular activities in which you have engaged in while in high school:

## **V. Financial Assistance**

What other sources of financial assistance might be available to you? (For example, trust funds, insurance policies, IRA, etc.?)

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Signature of Applicant

Date

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Signature of parent or guardian

Date