

**APPALACHIAN MOUNTAIN REGIONAL CAMPUS COUNCIL, INC.
BONNIE HIGDON REAVES SCHOLARSHIP PROGRAM**

Purpose: To provide scholarships for higher education to deserving students in Fannin County and surrounding communities. Open to all students who have been accepted to a post-secondary institution, i.e. university, college or technical school.

Application Process (Applicant must submit ALL of the following):

1. Completed application form. Please print clearly in black or blue ink or type.
2. Attach a **one-page** essay describing your career goals and reasons for pursuing higher education. Include any background information that would assist the committee in determining your need for scholarship. Essay **MUST** be typed and double-spaced and no more than one page.
3. Attach at least one letter of recommendation from a non-family source.
4. Include as proof of income a copy of one of the following: most recent federal income tax return (Form 1040 ONLY, please do NOT send entire tax return) or W-2 form(s) from your supporting parent or guardian.
5. Sign and date application.

SUBMIT application form, essay, recommendation letter, and proof of income to your high school guidance counselor by March 30, 2026.

OR you may mail this application to:

AMRCC, Inc.

PO Box 275

Blue Ridge, GA 30513

OR email to:

Amrcc1989@gmail.com

NOTE: Applications which are not complete may be disqualified.

APPALACHIAN MOUNTAIN REGIONAL CAMPUS COUNCIL, INC. SCHOLARSHIP APPLICATION

Name _____ Date of Birth _____

Permanent Address:

Street _____ Apt # _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Mobile _____ Email Address _____

Parent(s) Name _____ Parent Phone Number _____

Parent(s) Address _____

Graduating High School _____ Year of HS Graduation _____

Class Rank _____ Grade Point Average _____

College you plan to attend _____ Intended Major _____

Estimated cost to attend your college choice (annual) _____

SAT Scores: Math _____ Verbal _____ Total _____

ACT, Compass or other scores (if applicable): _____

Currently Employed? _____ Yes _____ No

If "yes", Name & Address of Employer:

Most Recent Work Experience:

(List the company names and employment dates)

Position & Approx. Hrs Worked: _____

Description of Duties _____

**APPALACHIAN MOUNTAIN REGIONAL CAMPUS COUNCIL, INC.
SCHOLARSHIP APPLICATION (continued)**

AWARDS, HONORS RECEIVED (Include year received):

SCHOOL AND/OR COMMUNITY ORGANIZATIONS AND ACTIVITIES:

(Church, Clubs, Civic, etc.)

<u>Organization</u>	<u>Member/Officer</u>	<u>Year</u>	<u>Activities</u>
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**APPALACHIAN MOUNTAIN REGIONAL CAMPUS COUNCIL, INC.
SCHOLARSHIP APPLICATION (continued)**

FINANCIAL NEED INFORMATION

INSTRUCTIONS: Complete this form with the most recent financial information available.

Name _____

1. Where do you plan to live during the school year? Parent's Home _____ Rent _____ On-campus housing _____

2. Are you self-supporting? Yes _____ No _____

a. If yes, total self-supporting _____ partial self-supporting _____

b. Your total annual income (adjusted gross income) on your most recent tax return \$ _____

3. Number of dependents you support _____ Dependents' Ages _____

4. Are you being financially assisted by parents/guardian? Yes _____ No _____ Percent supported _____

a. If being assisted, what is the approximate annual amount provided by parent/guardian? _____

b. Total number of dependent children in family _____ Ages _____

c. Total number of family members (including yourself) in college _____

d. Total annual family income (adjusted gross income) on most recent tax return? _____

List any scholarships or sources of financial assistance you **have been awarded** (include grants and aid from any source including federal, state, or local government agencies). List type and amount.

List any scholarships or sources of financial assistance you **expect to receive** during the next academic year (include grants and aid from any source including any federal, state or local government agencies). List type and amount.

I submit this application to the Appalachian Mountain Regional Campus Council, Inc. in order to obtain financial assistance. I authorize said Council to contact my high school or other academic institutions to obtain additional information as necessary. A personal interview may follow.

Signature of Applicant

Date