



THE
Dr. DAVID R WILLIAMS, SR
SCHOLARSHIP FUND APPLICATION
Sponsored by: Thomasville-Archdale Pediatrics, PLLC

Dr. David R. Williams, Sr. co-founded Thomasville Pediatrics in 1968 and has served his community as a dedicated pediatrician to many children and families in this area. After 53 years of service, he retired in December of 2021.

In honor of his faithful work, the Partners of Thomasville-Archdale Pediatrics, PLLC have decided to award scholarships in the amount of \$1000.00 to selected graduating seniors in local high schools, in his name.

Graduating seniors at the high schools who have a GPA of at least 3.2 are eligible to apply. You will need to have a letter of recommendation from a faculty member to complete your application. The award is intended to defray the cost of post-secondary education and will be paid directly to the school the recipient will attend. Any accredited community college, four-year college or university is acceptable, and you can postpone starting school for up to one year after graduating and still receive the scholarship.

Each high school will independently determine the method by which the recipient of the scholarship is selected at their school. The criteria for selection are those who have impacted their school or community in a positive manner. Notification of the award will be made before the end of the final senior term.

Please fill out the included application in full. You must fill out all sections completely. By signing the bottom of the application, you acknowledge and agree to the terms set forth in this application.

Please attach an additional sheet of paper and respond to the following prompt: Dr. Williams has always been very involved within his community and seeks opportunities to make a positive impact. How have you done the same?

Applications due by: _____ to Student Services.

Note: Submission of an application is not a guarantee of an awarded scholarship.

Fill out the information below

1.	First Name: _____	Last Name: _____
2.	Mailing Address: Street: _____ City: _____ St: _____ Zip: _____	
3.	Contact Info: Best Contact # (Home or Cell): _____ Email Address: _____	
4	Date of Birth: Month: _____ Day: _____ Year: _____	
5.	Name and Address of High School: _____	
6.	Name & Address of parent(s) or legal guardian(s), if different than above. Name(s): _____ Street: _____ City: _____ St: _____ Zip: _____	
7.	Documentation Needed: (attach to this application) A. Report Card or Transcripts showing final GPA B. Letter of Recommendation from a faculty member (Teacher, Principal, Guidance Counselor) C. Response to prompt	

Student Signature: _____ Date: _____

RECEIPT OF SCHOLARSHIP

Fill out the information below

1.	First Name: _____	Last Name: _____
2.	Mailing Address: Street: _____ City: _____ St: _____ Zip: _____	
3.	Contact Info: Best Contact # (Home or Cell): _____ Email Address: _____	
4.	Date/Year you will begin attending College/University: Month: _____ Day: _____ Year: _____	
5.	Name and Address of College/University you plan on attending: _____ _____ _____ Student ID (mandatory): _____	

Student Signature: _____ Date: _____