

Washington-Wilkes Scholarship Fund  
XXXXXXX  
Washington, GA 30673

## Scholarship Application

### Required Documentation

- An official high school or college transcript listing your most recent grades
- A copy of your acceptance letter if you are not presently enrolled in a college, university, or technical school. If you have not received your acceptance letter expect to receive it in the coming weeks, please note "acceptance pending" on your application. You must submit a copy of your acceptance letter to the Scholarship Committee when it arrives. **Final award will be contingent upon acceptance at an accredited institution.**
- A copy of IRS Form 1040 or 1040 EZ. This confidential form is reviewed by the Scholarship Committee for income verification purposes. It is important that you provide us with the most recent information available

### Deadline

- To be considered for the next academic year, your application must be postmarked no later than March 15 of each year. The application will not be considered complete until pages XXX to XXX are filled in, the narrative is written, and the required documentation has been received by the Scholarship Committee. Incomplete applications will not be processed.
- Send forms ~~via mail~~ to:

High School Counselor  
XX XXXXXXXX XXXXXXXX  
XXX XXXXX XXXXXXXXXXXX  
Washington, GA 30673

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## Scholarship Application

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Permanent Address

Street: \_\_\_\_\_

Town: \_\_\_\_\_

Telephone: \_\_\_\_\_ County: \_\_\_\_\_

Student Address

Street: \_\_\_\_\_

Town: \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female Date of Birth: \_\_\_\_\_

Father or Guardian's Name: \_\_\_\_\_

Address

Street: \_\_\_\_\_

Town: \_\_\_\_\_

Telephone: \_\_\_\_\_ Employer: \_\_\_\_\_

Mother or Guardian's Name: \_\_\_\_\_

Address

Street: \_\_\_\_\_

Town: \_\_\_\_\_

Telephone: \_\_\_\_\_ Employer: \_\_\_\_\_

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## Applicant's Educational Record

High School: \_\_\_\_\_

Address  
Street: \_\_\_\_\_

Town: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date/anticipated date of High School graduation: \_\_\_\_\_

H.S. Scholastic Average: \_\_\_\_\_ College G.P.A. \_\_\_\_\_

SAT Scores: Verbal: \_\_\_\_\_ Math: \_\_\_\_\_ Date Taken: \_\_\_\_\_

ACT Scores: \_\_\_\_\_ Date Taken: \_\_\_\_\_

College you plan to attend or are presently attending: \_\_\_\_\_

Address of College  
Street: \_\_\_\_\_

Town: \_\_\_\_\_

Have you been accepted by the college?\*  Yes  No - Acceptance Pending \*

Year of enrollment: \_\_\_\_\_

**\* Applicants must submit a copy of their acceptance letter either with this application or immediately upon receipt. Final award is contingent upon evidence of acceptance at an accredited institution.**

Your classification for the next academic year:  Freshman  Sophomore  Junior  Senior

Course of study you plan to pursue: \_\_\_\_\_

Attach a narrative discussing the five topics below in **no more than 500 words** (approximately one page). The narrative is an important part of your application process. We use this tool to gain knowledge of you as an individual. Please spell out any initials or abbreviations describing a club or organization. Each of the following subjects should be addressed in essay form with not more than 500 words in the TOTAL narrative. (Please be conscious of this.)

\_\_\_\_\_ latest extra-curricular school and community activities

\_\_\_\_\_ job experience to date

\_\_\_\_\_ interest in furthering your education

\_\_\_\_\_ career goals

\_\_\_\_\_ need for financial aid

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## Financial Aid Form

*The Financial Aid Form is a document to collect information for determining a student's need for financial aid. The information you report is confidential and is read only by the Scholarship Committee. It is important that you provide accurate and complete information on the form.*

Were you claimed on parents'/guardians' Federal Income Tax Return for the past year? \_\_\_ YES \_\_\_ NO\*  
\*If NO, skip to Applicant's Income and Expenses.

Will you be claimed as a dependent by parents/guardians during this calendar year? \_\_\_ YES \_\_\_ NO\*  
\*If NO, explain in the space below and skip to Applicant's Income and Expenses.

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### *Parents/Guardians Annual Income & Expenses (only if dependent)*

- A. Total income of both parents/guardians last year: \$ \_\_\_\_\_
- B. Federal Income Tax paid by parents/guardians last year: \$ \_\_\_\_\_
- C. State Income Tax and other taxes paid by parents/guardians last year: \$ \_\_\_\_\_
- D. Medical expenses not covered by insurance: \$ \_\_\_\_\_
- E. Other unusual expenses (specify): \$ \_\_\_\_\_

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Total number of people residing in parents'/guardian's household: \_\_\_\_\_

Number of dependents: \_\_\_\_\_

**Parents/Guardians Assets and Indebtedness (only if dependent)**

	<u>Present Market Value</u>	<u>Unpaid Mortgage Principle/Debts</u>
A. Home, if owned or being purchased:	\$ _____	\$ _____
B. Other real estate:	\$ _____	\$ _____
C. Investments: <i>(stocks, bonds and other securities)</i>	\$ _____	\$ _____
D. Business: <i>(if parents/guardians are not the sole owners of a business, enter only the amount of their share of total business value and debt)</i>	\$ _____	\$ _____
E. Farm: <i>(if parents/guardians are not the sole owners of a farm, enter only the amount of their share of the farm's value and debt)</i>	\$ _____	\$ _____
F. Other debts outstanding:	\$ _____	\$ _____
G. Cash, savings & checking account balances:	\$ _____	\$ _____

## Applicant's Income and Expenses

- A. Applicant's income from wages last year: \$ \_\_\_\_\_
- B. Spouse's income from wages last year: \$ \_\_\_\_\_
- C. Other taxable income: \$ \_\_\_\_\_
- D. If you filed a Federal Income Tax Return last year, how much tax did you owe? \$ \_\_\_\_\_
- E. If you filed a State Income Tax Return last year, how much tax did you owe? \$ \_\_\_\_\_
- F. Amount of educational assistance expected from other sources (list the source or sources):

Source	Amount
_____	_____
_____	_____
_____	_____

G. Amount to be contributed by parents and/or applicant: \$ \_\_\_\_\_

We declare that the information reported is true, correct, and complete. We will, on request, provide any documentation necessary to verify the information reported.

Applicant's Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date Completed: \_\_\_\_\_

*(If you are a dependent, please have both parents or guardians sign this form. If you are an independent student and married, please provide us with your spouse's financial information as well as yours, not your parents' unless they are supporting you in some way. If you are an independent student, please provide us with the information on your finances.)*

*Please review your application for accuracy and completeness, i.e., all pages are filled in, transcripts, and required narrative are attached. If you would like to be notified when your application has been received by the Scholarship Committee, please enclose a stamped, self-addressed post card with your application.*

*Awards will be made on Honor's Day at Washington-Wilkes Comprehensive High School. Thank you and we look forward to being a part of your future!*

**Please remember the March 15<sup>th</sup> Deadline!**