

BILL REYNOLDS MEMORIAL SCHOLARSHIP

One \$1,000 scholarship will be awarded annually. Applicants must be a graduating senior from either Bainbridge High School or Grace Christian Academy. Applicants must reside in the United States, and plan to attend a post secondary college or university in the United States.

This scholarship will be awarded on the basis of Leadership Abilities, Community Service and Academics. A transcript must be attached in order to be considered.

Please complete all items on this application form. **Application must be submitted by April 1st of the application year.**

I. Getting To Know You

1. Full Name _____

Age _____

Date of Birth _____

2. Home Address _____

Street/PO Box

Town/City

State/Zip Code

Phone Number: _____

3. Name of Parents or Guardian _____

Address of Parents or Guardian _____

II. Leadership and High School Activities

4. Have you participated in the Youth Leadership Decatur County Program? _____

5. Have you participated in any other Leadership Program or Leadership Training during your High School Career?

6. If yes to either question #4 or #5, please explain the program / training, what skills you learned, and how you have applied the knowledge?

7. Offices held in High School: _____

8. Honors won in school: _____

9. Summarize other interests and activities indicating major offices, responsibilities, honors, recognition, etc.

III. Community Service Activities

10. What kind of community service projects have you performed in the last two years (ex. Chairperson of food drive, tutoring, Habitat for Humanity, etc.) _____

IV. Academics

11. High School and Cumulative GPA: copy of grades to be attached

_____ GPA

_____ SCHOOL

12. Indicate latest SAT/ACT scores:

_____ VERBAL

_____ MATH

_____ TOTAL

13. College or University to be attended (if available, copy of Letter of Acceptance should be attached.) _____

14. Field in which you plan to major? _____

15. Academic Honors won in School: _____

16. Additional information you want the Scholarship Committee to know (e.g. unusual circumstances, etc.)

Check List:

_____ SAT Score

_____ College Accepted

_____ Letter of Recommendation

_____ College Major

_____ Transcript

Date: _____, 20 _____

(Signature of Applicant)

PLEASE MAIL COMPLETED APPLICATIONS TO THE FOLLOWING ADDRESS;

Bill Reynolds Scholarship Committee
Bainbridge-Decatur Co. Chamber of Commerce
P. O. Box 755
Bainbridge, GA 39818