

THOMAS B. McDOWELL MEMORIAL SCHOLARSHIP

One \$2,000 scholarship will be awarded this year. Applicants must have graduated from a High School in Early County, Georgia and have been a resident of Early County, Georgia. They must have completed at least 2 years in a post secondary college or university in the United States and have attained at least a 2.5 GPA in the post secondary college or university.

This scholarship will be awarded on the basis of Academic Achievement, Financial Need, Extracurricular School Activities or Employment, Community Service, and Leadership Qualities. A transcript must be attached in order to be considered.

Please complete all items on this application form as well as providing two letters of recommendation. Application must be submitted by December 1st.

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. Academics

4. College attending and Cumulative College GPA: copy of transcripts to be attached _____
GPA _____ College _____

5. High School Graduated From: _____

6. Indicate latest SAT or ACT score: _____
SAT _____ ACT _____

7. Field in which you plan to major? _____

III. Community Service Activities

8. 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. Financial Status- Need

9. Father's occupation and adjusted gross income (if applicable) _____

10. Mother's occupation and adjusted gross income (if applicable) _____

***Any information relative to financial status will be kept in the strictest of confidence by the Scholarship Committee.**

11. List any college scholarships you have received, by year, name, and value: _____

12. Explain your need of financial assistance: _____

13. Explain briefly any employment you have had during the past year or anticipate in the summer.
How much do you expect to earn? _____

V. My Achievements in High School/College and other activities

14. Offices held: _____

15. Honors won in school: _____

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

(a) School: _____

(b) Community: _____

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

Check List:

<input type="checkbox"/>	College Transcript	<input type="checkbox"/>	Letters of Recommendation
<input type="checkbox"/>	Current College/University	<input type="checkbox"/>	Current Residence / High School Graduated

Date: _____, 20_____
(Signature of Applicant)

*** All applications and supporting documentation should be sent to one of the following:

Mail To:
Community Foundation of South Georgia, Inc.
Attn: Thomas McDowell Memorial Scholarship
P. O. Box 2654
Thomasville, GA 31799

or

Email To:
dcarlton@cfsqa.net