## **GFWC-NC Sallie Southall Cotten Scholarship** Application Form (Please copy for future use.)

## To Be Completed By Sponsoring Club

Complete the following before delivering application				District_		
	ıb President				District	
	iling Address					
	cal Scholarship Contest will b					
	strict Scholarship Chairman			Z-mail		
	ailing Address				Phone Number	
	strict Scholarship Contest wil					
То	Be Completed by Studer	nt .				
	PLICANT'S FULL NAME				Date	
	OME ADDRESS	nuoved )		michie	· · · · · ·	
	RTH DATE			PHONE	(cell	
-						
1)	A STATUTE OF THE STATE OF THE S			Graduation Date		
2)	Name of Father/Guardian					
	Address				tion	
3)	Name of Mother					
	Address Occupation					
4)		w many persons are dependent upon your parents?				
5)	Give ages of brother(s)			Sister(s		
6)					are in college?	
	Name colleges					
7)		llege? Father		Mother		
8)	Do your parents own their	own home?		Buying?	Renting?	
9)	What work for pay have you	hat work for pay have you done during the last year?				
10)	) What work do you plan to d	lo this coming sum	ner?			
11)	What is your NC college pro	eference				
	What course of study will y					
12)	Have you applied or been a	ccepted for entrance	e to a college?			
13)	Have you informed the stud	dent aid officer of yo	our need for fin	ancial assistanc	e?	
14)	Name other scholarships for	or which you have ap	pplied			
	Scholarship name and amo					
15)	If you are awarded this sch	olarship, how will th	ne balance of yo	ur college expe	nses be financed?	
16)	Attach a list of extracurricu	dar activities, honor	s and commun	ity activities.		
		PARENT OR GU	ARDIAN'S E	NDORSEMEN	NT	
	I (name)			e applicant for a scholarship,		
ŀ		st of my knowledge,	, and belief, the		ments are complete and correct	
	Date Signat					
	-	Applicant mus	st be present	for judaina.		