

SCALY MOUNTAIN WOMEN'S CLUB

We are honored to support your efforts to further your education.
This scholarship is available to students who have lived in the Scaly Mountain community for at least two years.

SCHOLARSHIP APPLICATION

Date of Application _____

Applicants Full Name _____

Birth Date _____

Home Address _____

Phone _____ Cell Phone _____

E-Mail address _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Name of school you are attending and GPA (grade point average)

You must maintain a 2.0 GPA to be considered for this scholarship.

Scholastic honors or athletic honors _____

Extra Curricular activities or volunteer work (Church, school, civic activities)

Name and Address of School you will be attending _____

Estimated Tuition _____

Start date for the semester in which you are enrolled. _____

What is your planned course of study?

Include with this application a letter stating your intended college major and plan for future employment.

Enclose a small photo of yourself and a school transcript (high school or college).

This application must be accompanied with three letters of recommendation, (teachers, ministers, employers, etc.).

Please send this completed application to:

**SMWC Scholarships
PO Box 64
Scaly Mountain, NC 28775**

Deadline: April 15th