

SCALY MOUNTAIN WOMEN'S CLUB

SCHOLARSHIP RENEWAL APPLICATION

Your renewal will be based upon maintaining a 2.0 GPA for each semester and registration as a full time student.

Date of Application_____

Applicants Full Name_____

Student ID Number_____

Home Address_____

Home Phone_____ Cell Phone _____

E-Mail Address_____

Name and Address of School_____

School Phone Number_____

Semester for which these funds will be used_____

Intended number of credited hours for this semester_____

Start date and end date for this semester_____

Please write a short summary of your planned course work and future career goals.

This renewal must be turned in by August 1st or January 1st of the semester you are entering.

Please send this completed form and a copy of your grades to:

SMWC Scholarships
P.O. Box 64
Scaly Mountain, NC 28775

Revised 2017-2018