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**University System of Georgia
Swainsboro, Georgia
SPECIAL SCHOLARSHIP PROGRAM APPLICATION**

The purpose of the Special Scholarship program at East Georgia State College is to recognize and reward achievement among deserving students at the college on the basis of any or all of the following criteria: academic achievement, character, service to the community, special talents, financial need or other special purpose. **The awards are made based on criteria for each scholarship determined by the donor or by the scholarship funding source. Attach an essay of 500 words or less on why this scholarship will make a difference.**

Name: _____

Address: _____

City _____ State _____ Zip _____ County _____

Social Security#: _____ Phone(_____) _____ email: _____

Date of Birth: _____ Gender: _____ Male _____ Female _____

High School Name: _____

Anticipated College Major: _____ Student # _____

Please list ALL college, high school and community awards, special honors, special talents and abilities, organizations and club membership, and any offices held. (Attach additional pages if necessary)

Parents' Name: if applicable _____

Mother _____ / _____ Father

Parents' Address: _____

Street _____ City _____ State _____ Zip _____

Spouse Name (if applicable) _____

Signature of Applicant _____ Date _____

THIS FORM AND ALL ATTACHMENTS SHOULD BE RETURNED TO THE DIRECTOR OF FINANCIAL AID