GFWC-NC Sallie Southall Cotten Scholarship Application Form

To Be Completed By Sponsoring Club

	mplete the following before do	~			District4	
Clu	ıb PresidentMargaret (Pe	eg) Hansen				
Mailing Address _PO Box 937, Burlington NC 27216						
Local Scholarship Contest will be held (date_9/11/2023Place: <u>BWC Thrift Shop, 317 S. Main St. Burlington</u>						
Dia	strict Scholarship Chairman_	_ Denane Owen		E-mail		
Mailing Address PO Box 937, Burlington NC 27216				Phone Number		
District Scholarship Contest will be held (date) TBD Place TBD						
То	Be Completed by Student	t				
APPLICANT'S FULL NAMEDate						
	OME ADDRESS					
					[cell	
	PLICANT'S EMAIL					
1) 2)	SchoolGraduation DateName of Father/Guardian					
ر ک	AddressOccupation					
3)				_		
0,	Name of MotherOccupation_					
4)	How many persons are dependent upon your parents?					
5)	Give ages of brother(s)					
6)	How many brothers			_and/or sisters	are in college?	
Name colleges						
7)	Did your parents attend college? Father					
8)	_			· -	Renting?	
9) What work for pay have you done during the last year?						
	o) What work do you plan to do this coming summer?					
11)						
19`	What course of study will you take?					
-	Have you informed the student aid officer of your need for financial assistance?					
	Name other scholarships for which you have applied					
1,	Scholarship name and amounts you have received					
15)	15) If you are awarded this scholarship, how will the balance of your college expenses be financed?					
16) Attach a list of extracurricular activities, honors and community activities.						
PARENT OR GUARDIAN'S ENDORSEMENT						
]	I (name)the parent/guardian of the above applicant for a scholarship,					
hereby declare that, to the best of my knowledge, and belief, the foregoing statements are complete and correct. I approve the applicant's application for a scholarship.						
1	Date Signat	ııre				