

GEORGIA SOUTHWESTERN STATE UNIVERSITY

Associate Degree Graduates Scholarship Application

Student Id/SSN:

Name:

Address:

City, State Zip:

Telephone Number:

Previous or Current College:

Graduation Date:

Major:

Number of Hours Completed:

Current College Graduating GPA:

Date of planned enrollment:

Participation in extracurricular activities in college:

Offices held in college:

Honors or awards received in college:

Give a brief statement of your educational objectives and state why you chose Southwestern as a place to accomplish them.

I understand that my scholarship application cannot be considered until college transcripts and an application for admission to the University have been received.

If awarded the scholarship, I grant permission for the University to release and/or publish my name as a Foundation Scholarship Recipient.

Signature of Applicant: _____ *Date:* _____