Archbold
Auxiliary

P.O. Box 1018
Thomasville, GA 31799

CURRENT SCHOLARSHIP RECIPIENTS - 2027

PERSONAL INFORMATION: PLEASE PRINT OR TYPE

Full Name Last: _____ First: _____ Middle Initial: _____

Male ( ) Female ( ) Phone Number ***(where you can be contacted)*** : _____

Present Mailing Address: _____

City: _____ State: _____ Zip: _____

Present Home Address ***(if different)***: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Where are you currently attending school? _____

What is your major? _____

What is your weighted GPA? _____

What extracurricular activities are you participating in? _____

_____

_____

_____

_____

What are your career goals? _____

_____

_____

_____

_____

I DECLARE THAT THE INFORMATION REPORTED IS TRUE, CORRECT, ACCURATE, AND COMPLETE:

SIGNATURE: _____ DATE: _____

CHECK LIST

(for your convenience)

1. Completed and signed application.
2. An official copy of your transcript for the time period beginning with the date of the previous application to the present.
3. A signed letter from your Advisor regarding your performance and activities over the last year.
4. A signed letter from you regarding the value of last year's award to you and your needs for this year. Please do not use a letter from a previous year.

ALL APPLICATIONS MUST BE RETURNED TO THE FOLLOWING ADDRESS BY

03 – 01 – 2027

Leigh Ross
Auxiliary Scholarship Chairperson
208 Fairways Drive
Thomasville, GA 31792