

Braselton Woman's Club Cookie Scholarship Program

(For Jackson County Comprehensive High School Students - Seniors Only)

This form is designed to collect information about your background, interests, academics, demonstrated leadership, and career plans. Your answers to these questions will be used only in connection with your questionnaire for the scholarship program and will be reviewed by a scholarship selection committee.

I. APPLICANT INFORMATION

Legal Name _____ Male _____ Female _____

Permanent Home Address _____

Telephone Numbers (include area code) _____ Cell _____

E-mail Address _____ Date of Birth _____

Social Security Number _____ Are You Eligible to Work in the United States – Yes _____ No _____

Citizenship (check one) US Citizen _____ I am a US Permanent Resident Alien _____ Other – Specify _____

II. EDUCATION

For Jackson County High School Seniors – Date of Graduation _____

What college, trade school, or technical school do you plan to attend (include campus city & state) _____

Please provide the following information about your Academic Advisor:

Name of Advisor/Counselor Telephone Number Fax Number E-mail Address

Are you receiving financial aid or a scholarship of any kind? Yes _____ No _____

If yes, please list below the types of financial aid/scholarships you are receiving, the institution or organization that granted the aid, and the period of the grant/award.

Type of Financial Aid or Scholarship	Granting Institution/Organization	Period Covered (from/to)
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. SCHOOL AND COMMUNITY ACTIVITIES

List activities in which you participated during the last three years. (School clubs, student government, publications, varsity or club sports, theater arts, Beta Club, Scouting, 4-H, etc.) Please define any acronyms.

Activity	Dates of Participation	Office/Position Held	Awards or Honors
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List community agencies or organizations in which you have participated (without pay) during the last three years. (Religious groups, hospital volunteer, cultural activities, outreach programs, etc.)

Name of Agency/Organization	Kind of Activity	Dates of Participation	# of Hours Per week/year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you listed a leadership role in one or more of the activities or organizations cited above, please choose one, detail your responsibilities, and explain the significance of your contribution to the organization.

IV. FUTURE GOALS

Based on your current achievements and interests, describe the kind of work that you plan to be doing in 10 years, both in your career and in your community. Limit your response to 100 words or less.

AUTHORIZATION/CERTIFICATION

READ THE FOLLOWING INFORMATION CAREFULLY BEFORE SUBMITTING YOUR QUESTIONNAIRE THROUGH YOUR SCHOOL ADVISOR/COUNSELOR

By signing and submitting this questionnaire I (1) declare that I have read, understood, and accepted the statements set out on this questionnaire; (2) declare that the information that I provided through this process is complete and true; (3) give my consent to the processing of the information provided through this process and any other personal data I may provide separately in the manner and to the extent described throughout this process; (4) authorize the Braselton Woman's Club to verify or have verified on their behalf all statements provided through this process and to make any necessary reference checks; (5) authorize my school to release any information requested in order to be considered for this scholarship; and (6) give my consent for the Braselton Woman's Club to keep any information that I submit, relating to the scholarship program, unless I notify them otherwise.

Applicant's Name (please print or type): _____

Applicant's Signature: _____ Date _____