

APPLICATION FOR SCHOLARSHIP
DR. WILLIAM HENRY SHAW SCHOLARSHIP
2960 MACON ROAD Third Floor
COLUMBUS, GEORGIA 31906

Please furnish all information requested. This application must be in the Office of the Treasurer of Muscogee County School District by **April 18, 2017**. You must pursue a degree in EDUCATION as a full time student.

I. Name _____
LAST FIRST MIDDLE

Home Address _____
Number and Street / City / County / State / Zip Code

SS# _____ Phone Number _____

Are you presently enrolled at Columbus State? _____ Classification: _____

If no, when do you plan to enter? _____ Major _____
Quarter Year

Expected date of graduation _____

Are you receiving any other form of financial aid? _____

II. Additional Personal Information:

1. Date and city of birth _____

2. Marital Status: Married _____ Single _____

3. Are both parents living? _____

4. Number of children living at home _____

5. General Information:

_____ Father or Male Guardian Mother or Female Guardian

1. Name _____

2. Home Address _____

Name and
3. Address of Employer _____

4. Nature of Business _____

5. Position Held _____

List extracurricular activities and honors: _____

III. References:

List three high school or college faculty members who know you well and who can furnish information about you.

<u>Full Name</u>	<u>Address/Street/City/State</u>	<u>Subject Taught You</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____



Please attach official transcript of grades from high school and/or college.



Please state in your own handwriting why you want the scholarship. Use only the space allotted.

Please return application to the Treasurer of the Muscogee County School District,
Post Office Box 2427, Columbus, Georgia 31902-2427, or deliver to 2960 Macon Road.