The William H. Spencer High School Alumni Association, Inc. Post Office Box 5334 Columbus, Georgia 31906

W.H. Spencer High School 1000 Fort Benning Road Columbus, Georgia 31903

2020 Seniors,

The W.H. Spencer High School Alumni Association, Incorporation, Congratulations the class of 2020. Our Scholarship Committee has submitted to the senior class our Requirement guide and Application for submission. Please download this cover letter, the Requirements and Application. Please follow the instruction for submission. After you have completed the application process please mail your paperwork to the following address below.

Deadline is July 31,2020

The William H. Spencer Alumni Association, Inc.

Post Office Box 5334

ATTN; Scholarship Committee

Columbus, Georgia 31906

If you are unable to mail your package, please contact the following members.

Mrs. Yvonne Walton, Chairperson at 706-221-4069
-OR-

Mrs. Annette Flewellen, President at 706-561-5868

Again, Congratulations 2020 Senior Class.

Sincerely,

Mrs. Annette Flewellen

Mrs. Annette Flewellen, President

The William H. Spencer High School Alumni Association, Inc. Post Office Box 5334 Columbus, Georgia 31906

Scholarship Requirements

- Must be a resident of Columbus, Georgia.
- Must have attended W.H. Spencer High School for 3 years and graduated
- G. P. A. 2.0 3.0
- One Community Service Reference.
- Two Character References
- Essay, in 150 words or less describing your Goals and Plans.
- Must be accepted into a 2 year or 4-year undergraduate program or Technical College.
- Enclosed a copy of your Acceptance letters.
- Name at least 2 Colleges or Technical Colleges you applied for admission.
- Parents/Guardian Signatures.
- Mail your package to the following address. (Deadline is July 31,2020)

The W.H. Spencer High School Alumni Association, Inc.

Post Office Box 5334

Columbus, Georgia 310906-0334

Contacts Members:

Mrs. Yvonne Walton, Chairperson, Telephone: 706-221-4069

Mrs. Annette Flewellen, President, Telephone: 706-561-5868

The William H. Spencer Alumni Association, Inc.

Post Office Box 5334

Columbus, Georgia 31906-0334

Student Applicant Form

Student Information:		
First Name:		
Middle Initial:		
Last Name:		
Address:		
City:		
State:		
Zip Code:		
Home Phone:		
Cell Phone:		
E-Mail Address:		
Parents Info	rmation: <u>Please Print</u>	
Mother/Guardian's Name:		
Telephone #:		
Cell #:		
Mother/Guardian Signature:	Date:	
Father/Guardian's Name:		
Telephone #:		
Cell#:		
Father/Guardian's Signature:		
Educational Information: GPA:		

Extracurricular Activities:	
On a separate sheet of paper, in 150 words or less describe your	contributions to your school and community.
Student Signature	Date