SATILLA REMC FOUNDATION SCHOLARSHIP STUDENT VERIFICATION

Completed application must be signed by school counselor and returned to Satilla REMC by March 15, 2024.

Name of High School		
Student's Name		
Address		
City	_State	Zip
Phone (including area code)		Social Security No. xxx-xx (last 4 digits only)
Cell Phone		e-mail
Parent/Guardian's Name _		Cell Phone
Parent/Guardian's Name _		Cell Phone
education in college in the s be sent directly to the co	summer or a bllege or u n. Reimburs	aduate this spring and plan to continue my fall of 2024. I understand that the scholarship will niversity upon my acceptance and subsequent sement for eligible expenses will be made by the rmal disbursement policy.
		OUNDATION SCHOLARSHIP OR'S VERIFICATION
Student Name		
Overall High School GPA_		
Counselor's Signature		

STUDENT APPLICATION

<u>List</u> your involvement in School Activities. Include all school-related activities in which you gave of your time or talents to better your school.						

<u>List</u> your involvement in Community Service. Include any extracurricular activities, i.e church activities and civic activities, in which you gave of your time or talents to bette							
your community.							

Describe any special circumstances that you feel would make you a better recipient of the scholarship. These may include any obstacles you have overcome, extraordinary needs you have faced, and or any unique endeavors you have undertaken.							

List any special goals that you have for your future.					