

**SATILLA REMC FOUNDATION SCHOLARSHIP
STUDENT VERIFICATION**

Completed application must be returned to Satilla REMC by **March 17, 2023.**

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 _____

I _____ will graduate this spring and plan to continue my education in college in the summer or fall of 2023. I understand that the scholarship will be sent directly to the college or university upon my acceptance and subsequent enrolling in said institution. Reimbursement for eligible expenses will be made by the institution through the institution's normal disbursement policy.

**SATILLA REMC FOUNDATION SCHOLARSHIP
COUNSELOR'S VERIFICATION**

Student Name _____

Overall High School GPA _____

Counselor Comments / Other Pertinent Information
