

# 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 \_\_\_\_\_

I \_\_\_\_\_ will graduate this spring and plan to continue my education in college in the summer or fall of 2024. 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's Signature \_\_\_\_\_







