



**PAULDING COUNTY SCHOOL DISTRICT**  
3236 Atlanta Hwy., Dallas, GA 30132

***Local Scholarship***  
***Mission Possible: Graduation and Beyond***

**Name of Scholarship Applying For:**

The total amount to be awarded will be administered by a scholarship committee. The award will be issued in accordance to the rules of the particular scholarship.

1. It is the responsibility of the recipient to furnish any needed information (acceptance letters, proof of enrollment, for example) required for disbursements of scholarship funds. The recipient should allow 2-3 weeks for processing and be aware of all local scholarship deadlines.
2. The recipient is expected to remain a student in good standing at the postsecondary institution. The school should be notified by the student immediately upon a status change. Grade reports or other data may be requested and must be submitted upon request. Failure to remain a student in good standing may endanger the receipt of the funds for the remaining balance.
3. In the event a student is unable to complete a quarter/semester at the postsecondary institution and must withdraw from school, written notification must be made to the appropriate high school's counseling office. Reasons for withdrawal must be clearly stated, as well as intentions for the future. The local high school committee reserves the right to request restitution of monies expended for the quarter/semester of withdrawal from the post-secondary institution.
4. If the recipient fails to correspond with or contact the committee for 2 consecutive terms, he/she will be considered withdrawn from the school and will forfeit all monies left in the scholarship.
5. With rare exception, local scholarship monies should be used within 2 years. Unused scholarship funds will be returned to the appropriate organization or fund.

I have read the above rules and regulations governing the acceptance of the scholarship, and I agree to abide by them if chosen to receive a scholarship.

\_\_\_\_\_  
*Recipient's Signature*

\_\_\_\_\_  
*Date*

*For School Use Only:*

GPA:

Class Rank

out of

# Paulding County School District Local Scholarship Program

**Name of Scholarship Applying For:**

1. Full Legal Name: \_\_\_\_\_
2. Address: \_\_\_\_\_ Phone # \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_ Student ID # \_\_\_\_\_
4. Where do you plan to attend college? \_\_\_\_\_
5. What is your intended college major? \_\_\_\_\_
6. When do you plan to begin college? \_\_\_\_\_
7. Highest SAT/ACT Scores: \_\_\_\_\_
8. What course of study have you pursued in high school? \_\_\_\_\_
9. List the names and occupations of at least 3 people whom you will be using as references for the local scholarship. Tell how long you have known them.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Please list the high school you currently attend:  
\_\_\_\_\_  
  
If you have attended any other high schools, please list each one.  
\_\_\_\_\_  
\_\_\_\_\_
11. List any clubs or organizations to which you belong. Give any office that you may have held.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. List any awards or honors you may have won.

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13. List any community or church organizations to which you belong. Give evidence of your level of responsibility.

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14. Father's name: \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Father's Income \_\_\_\_\_

Highest grade completed in High School \_\_\_\_\_ College \_\_\_\_\_

15. Mother's name: \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's Income \_\_\_\_\_

Highest grade completed in High School \_\_\_\_\_ College \_\_\_\_\_

16. Names, ages, and schools of brothers and sisters still living at home.

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17. Attach an essay (four to five paragraphs) explaining your goals and your reasons to further your education.

18. Have you received other scholarships? If so please list.

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19. Have you applied for other scholarships? Please list them.

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[illegible]

Deadline for returning all forms: \_\_\_\_\_

Please return this form to: \_\_\_\_\_

## Paulding County School District Scholarship Reference Form

**Name of Scholarship Applying For:**

Name of Applicant: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Occupation of Reference: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

If appropriate, please rate the applicant on the following characteristics.

	Below Average	Average	Above Average	Exceptional
Analytical Skills	_____	_____	_____	_____
Classroom Discussion	_____	_____	_____	_____
Creative Thinking	_____	_____	_____	_____
Growth Potential	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Intellectual Skills	_____	_____	_____	_____
Written Expression	_____	_____	_____	_____
Integrity	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Character	_____	_____	_____	_____