

MIDDLE GEORGIA COLLEGE ALUMNI ASSOCIATION SCHOLARSHIP APPLICATION

(Please type or print legibly.)

Date of Application _____ Student's Full Name _____

Student's Address _____

Telephone (_____) _____ Social Security Number _____ - _____ - _____

Father's Name _____ Years Father Attended MGC _____

Father's Social Security Number _____ - _____ - _____

Mother's Name _____ Years Mother Attended MGC _____

Mother's Social Security Number _____ - _____ - _____

Grandparent(s) Name(s) and Years Attended MGC _____

Extracurricular Activities (Attach extra sheets if necessary.) _____

Authorization to Release Scholarship Information

Federal Law requires the College to obtain written permission before releasing information to the news media or high school official regarding scholarship recipients. If you wish to give such permission, please sign:

Applicant Signature _____

Parent Signature (If student is a dependent) _____ Relationship _____

I certify that all statements in this application and related materials are true.

Applicant Signature _____ Date _____

Note: A **one-page, typed** essay outlining how you feel your enrollment at MGC will benefit you and the College must accompany this application. Include your long-term goals and career aspirations. Scholarship Application Form and essay should be mailed to: Middle Georgia College Scholarship Committee, 1100 Second Street, Cochran, GA 31014. This scholarship application and essay, admissions application, and high school transcripts will be evaluated in considering recipient of scholarship.

This part to be completed by High School Counselor

Applicant ranks _____ in a class of _____ with a High School GPA of _____

Applicant's highest scores on SAT/ACT: SAT-V _____ SAT-M _____ ACT combined _____

Counselor Name _____ Counselor Signature _____

Phone Number _____ Email Address _____

High School and Address _____