

Date: \_\_\_\_\_

**ASCM Savannah Chapter Student Scholarship Application**Name: \_\_\_\_\_ Tel: \_\_\_\_\_  
(Last) (First) (Initial)Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Email Address: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

GPA: \_\_\_\_\_ (Attach Copy of Transcript) Expected Date of Graduation: \_\_\_\_\_

School Honors &amp; Accomplishments: \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

(Include Hobbies, etc.)

Career Plan: \_\_\_\_\_

Currently Employed? (Circle one) No Yes Hours per Week: \_\_\_\_\_

Where Employed? \_\_\_\_\_

Colleges Applied to: Accepted Tuition Cost Living on Campus?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

How do you plan to pay for college? \_\_\_\_\_

Name of Member of ASCM Savannah Chapter: \_\_\_\_\_

Relationship to ASCM Member: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

No. of Siblings: \_\_\_\_\_ No. in College: \_\_\_\_\_

- Application and Cover Letter must be sent by email to [President@APICSSavannah.org](mailto:President@APICSSavannah.org)
- All documents must be received by Friday, October 14, 2022

I hereby authorize the release, publicize and notification all parties deemed appropriate by the ASCM Savannah Chapter of the scholarships awarded, to include information contained in the application.

\_\_\_\_\_  
(Member's Signature)\_\_\_\_\_  
(Applicant's Signature)