

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 & Accomplishments: _____

Extracurricular Activities: _____

(Include Hobbies, etc.)

Career Plan: _____

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

Where Employed? _____

Colleges Applied to:	<u>Accepted</u>	<u>Tuition Cost</u>	<u>Living on Campus?</u>
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
- All documents must be received by Friday, October 11, 2024

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)