Georgia EMC Walter Harrison 2024 Scholarship Application

Please note: Applications must be turned in directly to your local EMC to be considered.

Each participating EMC may have a different application deadline so be sure to check with them regarding due date.

| Name | | | |
|---|--|---|--|
| Address | | | |
| E-Mail | | | |
| Phone No. (include are | ne No. (include area code) Last 4 digits of SSN | | |
| Applicant's electric co | ooperative | | |
| If | | equired of adult, non-dependant applicants. ouse's information must be included below. | |
| Home Address (street | t/city/state/zip code) | | |
| Home Phone No. (inc | lude area code) | | |
| Parents' or Spouse's I | Name(s) | | |
| Father's or Adult App | plicant's place of employment | | |
| Phone Number (include | de area code) | | |
| Mother's or Spouse's | place of employment | | |
| Phone Number (include | de area code) | | |
| Please attach the fol | lowing: | | |
| - | | n admission to a Georgia college or technical tion will be required at the time the scholarship is | |
| involvement in the residence in the bid | ne community. Do not reveal ye | ence to future plans and goals as well as your our name, the name of your cooperative or your place of marked out before being submitted to the judges, which | |
| C. High school tran more than 10 year | | nical school transcript (unless student graduated | |
| D. S.A.T., A.C.T sc an ACCUPLACE | | A.T. or A.C.T., you may submit | |
| E. Two letters of rec I certify that knowledge. | | this application is true and correct to the best of my | |
| App | licant's Signature | Date | |

| Academic Performance and Potential: |
|---|
| High school or college grade average (4.0 point scale) |
| S.A.T., A.C.T. or ACCUPLACER score |
| Participation in extracurricular activities: attach additional list if necessary |
| Membership in organizations |
| |
| Offices held in organizations |
| Honors and recognitions received |
| |
| Other activities |
| |
| College or technical school which you plan to attend or currently attend: |
| School name |
| Contact person |
| Mailing address |
| Phone number including area code |
| Date you will begin attendingOR |
| Status in college/technical school: Freshman Sophomore Junior Senior/Other |
| School tuition per quarter/semester \$ |
| Financial Need Assessment: Will be handled as strictly confidential information Total adjusted gross income for household (from most recent income tax return) \$ Other household income \$ |
| Number of family members residing in household |
| Other factors which influence financial need |
| |
| |

Proof of financial information submitted may be required if scholarship is awarded.