



SGC Foundation Scholarship Application

****Priority Deadline - March 31, 2012****

APPLICANT INFORMATION

Name _____ S.S.# _____
Last First Middle

Address _____
Street Apt # City/State Zip

Telephone _____ / _____ / _____ Birthdate _____
Home # Work # Cell # M/D/YR

E-Mail Address _____

PARTICIPANT DATA (Optional)

The following self-reported information is being collected to monitor program participation and for the preparation of certain demographic reports.

Gender: Female Male

Ethnic Group: African American American Indian/Alaskan Native White
 Asian/Pacific Islander Hispanic

Are you a U.S. citizen? Yes No

Are you an immigrant or refugee (not on tourist, visitor or f-1 visa)? Yes No

SCHOOL HISTORY

High School Attended _____ Graduation Date _____

Class Rank _____ GPA _____

SAT Scores _____ ACT Score _____
Critical Reading Math Writing

Last School Attended _____

SCHOOL ACTIVITIES

Please check box for each organization in which you are/were an active member.

National Honor Society Beta Club Student Council Class Officer
 School Newspaper Yearbook Debate Key Club
 Band/Orchestra/Chorus Drama Sports Other _____

COMMUNITY SERVICE

Please check box for each community service activity in which you have been active.

Community Improvement Boy/Girl Scouts Ethnic/Cultural Organization
 Health/Safety Group Peer Counseling Tutoring
 Church/Religious Group Performing Arts Recreation Project
 Drug Awareness Hotline Other _____

HONORS/AWARDS

List any honors, awards, or special recognition you have received for school or community service activities.

Name of Award

Date Received

COLLEGE GOALS

Course of Study: Agriculture Nursing Pre-Engineering
 Pre-Med/Law Social Science Teaching
 Other _____

What are your career goals? _____

Indicate your degree objective at SGC:

- Associate in Arts Degree (Transfer to University)
 Associate in Science (Intended Transfer Major)

Intended Enrollment Status:

- Full-time/12 or more credit hours
 Three-quarter/9-11 credit hours
 Half-time/6 – 8 credit hours

Indicate which semester you will be beginning enrollment:

- Fall Spring Summer

Have you applied for or are you receiving?

- Pell Hope Other _____

Please note: *Only one application is required to allow you to be considered for all Foundation Scholarships. Information obtained below will assist in the selection of scholarships with specific criteria. Please visit www.sgc.edu to view individual scholarship details to determine if additional information is needed. If so, please attach to this form.*

SGC Alumni:

Military Veteran:

Parent employed by:

Satilla REMC Member:

Residence:

- | _____ | Parent (Year) | _____ | Grandparent (Year) |
|------------------------------------------|--------------------------------------------|----------------------------------------|--------------------------------------|
| <input type="checkbox"/> Self | <input type="checkbox"/> Spouse | <input type="checkbox"/> Parent | <input type="checkbox"/> Grandparent |
| <input type="checkbox"/> PCC Airfoils | <input type="checkbox"/> Brooks Auto Parts | <input type="checkbox"/> Coats & Clark | |
| <input type="checkbox"/> Sun Trust Bank | <input type="checkbox"/> BB & T | <input type="checkbox"/> Gold Kist | |
| <input type="checkbox"/> Elixer | <input type="checkbox"/> Dutch Quality | <input type="checkbox"/> CRMC | |
| <input type="checkbox"/> Self | <input type="checkbox"/> Parent | <input type="checkbox"/> Grandparent | |
| <input type="checkbox"/> Atkinson County | <input type="checkbox"/> Nicholls, GA | | |

South Georgia College Office of Advancement

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