



# 2024 Scholarship Application

Scholarship Applicant: \_\_\_\_\_ High School \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

**Parent(s)/Guardian:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

1. What program of study (declared major) are you \_\_\_\_\_
2. What Degree/Certificate are you pursuing? \_\_AA \_\_AS \_\_BS \_\_Other If other please \_\_explain: \_\_\_\_\_
3. What college or university do you plan to attend? \_\_\_\_\_
4. List activities and leadership position; academic, extracurricular honors and/or awards (high school, community service, volunteer or church):

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5. Explain why you wish to be considered for this scholarship.

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I hereby certify that I meet all eligibility requirements as outlined above. I have attached all documents necessary to be considered for the Atmore Community Hospital High School Graduation Scholarship. The information provided on this application is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date