

St. Andrew's Society of North Carolina Scholarship Application

Please type or use black ink when completing this form

Enclose a recent wallet size picture of yourself here (Head and Shoulders)

Reply to:
Scholarship Chairman, Scholarship & Grants Committee
St. Andrew's Society of NC
PO Box 3
Southern Pines, NC 28388

APPLICATION FOR AC	_	to 20	
How were you inform	ed of these scholarships?		
PERSONAL INFORMA	ATION:		
Mr.			
Name: Miss First	Middle	Last	SSN
Permanent Home Address:	Number & Street	City & State	Zip
Email Address:		Telephone #	
Date of Birth:	Place of Birth:	Marital Status:	
Name of Parents or Guardian:		Telephone #	
Address: Number & Street		City & State	Zip
EDUCATIONAL INFO	PRMATION: ege attended with dates and year of gra		
List high school and cond	ige attended with dates and year of gra	iduation of degree.	
School	City & State	Dates Attended	Degree
Name & location of educati	onal institution you wish to attend:		
Have you applied?	Been admitted	?	-
In what field of study are yo	ou engaged or intend to major?		

APPLICANT'S STATEMENT:

Attach a one or two page statement about yourself, typed or handwritten. The statement might include remarks on your aspirations, reasons for applying for this scholarship and other information you think would help in evaluating your application.

(sophomore, junior, etc.) the time of	your activity.	Y ACTIVITIES: Indicate by year and class
Academic Honors in School or Special	Scholastic Achievements or Activiti	es:
School Publications or Clubs:		
Participation in Sports, Athletic Teams:	-	
Employment during School Sessions or	in Summer Periods:	
Community, Religious or Civic Activiti	es:	
Other Hobbies or Interests:		
SPECIAL CIRCUMSTANCES: f there are special circumstances not co f needed, use a separate well identified		sh the Committee to consider, please describe them below.
	ations of your parents and list any sis	. Present information on personal savings and expected sters or brothers whose education would depend on family e separate sheets if necessary.
ACADEMIC: Enclose a school transcript or authentic	statement from school of academic	average and class standing.
Give the name, full address, and teach	ching role of two academic perso	ns that you will ask to write directly to Chairman,
Name	Academic Role	Address
Signature		Date:
THIS APPLICATION AND OTHE		HOULD BE RECEIVED BY: JANUARY 15

Late applications will be considered as long as funds are available.

Revised 10/9/2023