



Claude Sawyer Memorial Scholarship Application

Scholarship Award: **\$2,500**

Applications must be returned to Credit Union by: March 30, 2012

Applicants Name: _____ SSN: _____

Address: _____
Street City State Zip Code

Schools Attended

School Include City and State	Completed	GPA/ Class Rank

Credit Union Membership

Are you a member of Heritage South Credit Union? Yes No

Do you have a family member who is a member? Yes No.

If yes, Please give name and relationship:

_____ Name

_____ Relationship to applicant

Name of Parents or Guardian: _____

Income Information

Father's Place of Employment: _____

Mother's Place of Employment: _____

Total Family Income yearly: _____

Number of brothers/sisters living at home: _____

College of University Information

Please list the colleges or university's you wish to attend: In order of preference.

1. _____

2. _____

3. _____

What will be your major field of Study : _____

Other Scholarships

List any other scholarships you have received and the amount:

Scholarship Type	Amount of Scholarship

References

List Three References other than family members that may be contacted:

Name	Phone Numbers
1.	Home Phone: Other:
2.	Home Phone: Other:
3.	Home Phone: Other:

Extracurricular Activities

List any honors or awards

List Community or other activities

Applicant's Signature

SIGNATURE

DATE

This application must be submitted with an official copy of your high school transcript

Essay

Attach a handwritten essay to describe in 75 words or less why you desire this scholarship and your expectations of college and what life goals you have set for yourself for the next 10 years.

To be completed by Principal or School Counselor

1. College entrance examination score
ACT Composite Score _____
SAT Combined Score _____

2. Student's cumulative High School grade point average
GPA excluding spring semester of senior year
If school uses a 5.0 system, please refigure to a 4.0 base
GPA _____

This application must be submitted with an official copy of the high school transcript

Principal or Counselor's Signature: _____

Date: _____