

West Georgia Inspectors Association Scholarship Fund



Application of

Application Deadline: October 15th

West Georgia Inspectors Association
Scholarship Committee
P.O. Box 907
Fortson, GA 31808

**Action of the Scholarship Committee
Application**

Approved

Denied

**This grant is awarded for Fiscal Year (January 1 - December 31)
ending _____.**

By: _____

Date: _____

Notice to Applicant: Please read thoroughly the "Criteria of Qualifications" and the "Instructions to Applicant" section of this application.

Instructions To Applicant

1. The application has been prepared as a frank and friendly means of obtaining necessary information regarding the applicant, and the applicant is required to give all information requested. Read the contents carefully and understand each question and all information requested.
2. Before filling in the application, draft your answers on an extra application form as your file copy and work sheet. No consideration will be given to carelessly prepared or incomplete applications.
3. Every question and statement must be answered and submitted. Do not answer any question with a check mark. If answer is "none" or "not apply", it should be stated. If spaces are inadequate for some answers, use a separate sheet.
4. Answers must be legible.
5. Have mailed directly to *West Georgia Inspectors Association*, to be received no later than the October 1st deadline, the following:
 - a) The three (3) enclosed forms for recommendation, two (2) of which must be completed by teachers or faculty members.
 - b) An up-to-date copy of your high school or college transcript of academic record; and
 - c) your ACT or SAT scores.
6. Return to the *West Georgia Inspectors Association* the completed application with any other required submittal or requested information.

I solemnly affirm to the correctness of the information supplied in this application, and that I have thoroughly read and understand the "Criteria of Qualifications" and the "Instructions to Applicant" as transmitted herewith. If grant is provided, I agree and promise to use it for no other purpose than as set forth in the "Criteria of Qualifications."

Applicant's Signature: _____

West Georgia Inspectors Association

Scholarship Fund

"Education: The Key To The Future"
Application Deadline: October 1st

Each year the WGIA Scholarship Committee awards one \$1,000 scholarship to an entering freshman or upper classman student that shows superior academic achievement. The scholarship recipient is selected from applicants that are immediate family or grandchildren of members of WGIA. The scholarship is awarded in an effort to minimize education expenses to an academically deserving student. All applications must be received by the WGIA Scholarship Committee, along with an up-to-date record, and a copy of the applicant's ACT or SAT scores, prior to October 1st. **Applications are available by calling June Davis, WGIA Secretary, 706 653-4126, or write: West Georgia Inspectors Association, P. O. Box 907, Fortson, GA 31808.**

"Criteria of Qualification" of Student Applicants

The Scholarship Fund Committee may establish reasonable and operable procedures and qualifications for determining the selection of the student considered as the recipient of the grant from the Scholarship Fund, provided not in conflict with criteria or guidelines herein stated, and as follows:

- 1. The student applicant shall be an immediate family member or grandchild of current members of WGIA.**
- 2. The student applicant shall agree that the use of grant funds shall be predicated on their enrollment or continuance of education in a recognized and/or accredited school such as college, university, trade school, business college, or as may be acceptable to the Scholarship Committee.**
- 3. The applicant should possess qualities of good character and integrity.**
- 4. A record of evidence of satisfactory scholastic or school grades, ability, ambition and desire for continuance of education shall be submitted.**
- 5. The grant of funds may be utilized by a student for continuation to succeeding year or years upon satisfactory academic progress, subject to review by the Committee. The maximum number of years that funds may be granted a student is four (4) years. All students desiring continuation of funding must make application each year.**

West Georgia Inspector's Association

Date: _____

Name in Full: _____

Home Address: _____

City _____ **State** _____ **Zip** _____

Date of Birth: _____, 19____ (voluntary)

Social Security No: _____-_____-_____

Single ___ **Married** ___ **Number of Children** _____

If married, spouse's name: _____

Applicant's present occupation: _____

If employed, name of firm: _____

Address of firm: _____

Father's Name (or male guardian): _____

Home address: _____ **City** _____ **State** _____ **Zip** _____

Is he employed, retired, or deceased while employed by a municipality, county, or state Yes/No _____

If so, give name of the municipality, county or state where employed: _____

Title of position or job: _____ **For how long?** _____

If not, give occupation and where employed: _____

Name of mother (or female guardian): _____

Home Address: _____ **City** _____ **State** _____ **Zip** _____

Is she employed, retired, or deceased while employed by a municipality, county, or state Yes/No _____

If so, give name of the municipality, county or state where employed: _____

Title of position or job: _____ **For how long?** _____

If not, give occupation and where employed: _____

I hereby apply for a grant to enable me to (obtain/continue) my education at: (College, University, Trade School, etc.) _____

located at _____

for session beginning _____, 20____ and ending _____,

My class standing will be (Freshman, Sophomore, Junior, Senior) _____

My intended vocation is _____. The course of study I plan to major in is _____.

Name of high school, preparatory school, college, etc. you have attended or in which you are now enrolled

School	Location	Date From	Date To

Please indicate the following:

Honors received : _____

Clubs or fraternities: _____

Extracurricular activities: _____

Hobbies: _____

Additional Information: _____

West Georgia Inspectors Association Scholarship Reference Form

West Georgia Inspectors Association
Scholarship Services
P. O. Box 907
Fortson, GA 31808

_____ Applicant's Name

Note: The scholarship applicant will forward this form to each person providing a reference. Individuals providing references should complete this form fully and send it to *West Georgia Inspectors Association, Scholarship Services* at the above address. Comments will be held in strict confidence by the *West Georgia Inspectors Association Scholarship Selection Committee*.

Pertaining to Applicant

1. I have known the applicant for _____ years.
2. The applicant's general reputation and character are _____

3. I believe the applicant's scholastic ability to be ___ fair ___ average ___ good ___ excellent ___ superior.
4. I believe the applicant's dedication to study to be ___ fair ___ average ___ good ___ excellent ___ superior.
5. I ___ would ___ would not recommend the applicant for a scholarship/grant because:

Pertaining to Individual Providing Reference

My profession is _____

I am associated with _____

Address: _____

Type or Print Name

Telephone (_____) _____

Signature: _____

Date: _____

