

APPLICATION FOR SCHOLARSHIP  
DR. WILLIAM HENRY SHAW SCHOLARSHIP  
2960 MACON ROAD Third Floor  
COLUMBUS, GEORGIA 31906

Please furnish all information requested. This application must be in the Office of the Treasurer of Muscogee County School District by **April 18, 2017**. You must pursue a degree in EDUCATION as a full time student.

I. Name \_\_\_\_\_

LAST	FIRST	MIDDLE
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Home Address \_\_\_\_\_  
Number and Street / City / County / State / Zip Code

SS# \_\_\_\_\_ Phone Number \_\_\_\_\_

Are you presently enrolled at Columbus State?\_\_\_\_\_ Classification:\_\_\_\_\_

If no, when do you plan to enter? \_\_\_\_\_ Major \_\_\_\_\_  
Quarter Year

Expected date of graduation\_\_\_\_\_

Are you receiving any other form of financial aid? \_\_\_\_\_

## II. Additional Personal Information:

1. Date and city of birth\_\_\_\_\_

2. Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_

3. Are both parents living?\_\_\_\_\_

4. Number of children living at home \_\_\_\_\_

- ## 5. General Information:

Father or Male Guardian                      Mother or Female Guardian

1. Name \_\_\_\_\_

## 2. Home Address

Name and

3. Address of Employer \_\_\_\_\_

#### 4. Nature of Business

### 5. Position Held

List extracurricular activities and honors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. References:

List three high school or college faculty members who know you well and who can furnish information about you.

<u>Full Name</u>	<u>Address/Street/City/State</u>	<u>Subject Taught You</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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**Please attach official transcript of grades from high school and/or college.**

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Please state in your own handwriting why you want the scholarship. Use only the space allotted.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return application to the Treasurer of the Muscogee County School District,  
Post Office Box 2427, Columbus, Georgia 31902-2427, or deliver to 2960 Macon Road.