# Gholston Scholarship Comer Academic & Enrichment Program

#### **SCHOLARSHIP GUIDELINES**

Comer Elementary 565 Gholston Street Comer, GA 30629 706-783-2797

### **MINIMUM REQUIREMENTS:**

#### ANNUAL DEADLINE March 31st, 2023 if returned to Comer Elementary School; RETURN TO MCHS COUNSELING OFFICE BY March 29th, 2023

- 1. A graduate of Madison County High School who graduated from a Madison County middle or elementary school with preference given to Comer Elementary graduates.
- 2. Must be in the upper 25% of his or her high school graduating class
- 3. Must earn a cumulative 3.0 grade point average
- 4. Must be accepted by and attend a regionally accredited SACS college or university (sacs.org)

## **ADDITIONAL REQUIREMENTS:**

The recipients of the scholarship shall be selected from among the candidates who meet the above qualifications. The scholarship committee shall also consider:

- 1. A neatly typed, complete, and thorough application with all of the necessary attachments and certifications
- 2. Academic performance of the candidate relative to the pool of applicants
- 3. Extracurricular activities and community service
- 4. Written recommendations, **including at least two** from the following:
  - a. A Principal or Assistant Principal of a Madison County school where the student attended and
  - Teacher, local pastor, or school guidance counselor

Applicants must secure the written recommendations and include one from each category above with their application in a sealed envelope. Or, applicants may have the letter mailed directly to Comer Elementary (address above). Please include the following with your application:

- 1. **Official transcript of high school or college grades,** whichever is applicable. Academic performance is an important factor in determining eligibility of applicant. A copy of grades through December 31st of the current application year must accompany the application.
- 2. A copy of the official acceptance letter to the college you will be attending.

If there are circumstances related to this scholarship that are not addressed within this application that you would like for the committee to be made aware of, please attach a typewritten page for the committee to review.

All information requested by the J. Knox Gholston Trust Advisory Committee must be provided for applications to be considered.

- **DO NOT** submit applications until all additional information is attached.
- ALL INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.
- All information contained within this application and all attachments will be confidential and only seen by the committee members.
- ANY UNANSWERED ITEM MAY RESULT IN DECLINATION OF YOUR APPLICATION.
- Scholarships are awarded in the amount of \$1,000

# Gholston Scholarship C/O Comer Academic & Enrichment Fund

Comer, GA 30629 Application for Educational Grant **2022-2023** 

APPLIC	CANT INFO	RMATION										
Last Nan	ne				First				M.I.		Birthdate	
Permanent Address								Stude				
Mailing A	address (if											
City County					State			ZIP				
Phone					dress							
Father's Name			Father's Perm Street Address									
Phone N	umber				E-mail Add	dress						
City	City					Sate						
Father's	Occupation				Father's Employer							
Mother's	Name			Mother's Perm Street Address								
Phone N	umber			E-mail Ad		dress						
City		County				State			ZIP			
Mother's	Occupation				Mother's Employer							
Other de	pendents of y	our parents a	ttending po	ost-secondary	educational	institutio	ns:					
Name				Institution		Who Provides Support						
Name				Institution				Who Pr				
Name	Name			Institution		Who Provides Support						
EDUCA	TION											
Schools (	(including Ele	mentary) and	Colleges yo	ou have attend	led:							
Name & Address				Dates Attended				(Ye	duate? s or No ourse o			
Name & Address				Dates Attended				(Ye	duate? s or No ourse o	) of		
Name & Address				Dates Attended				(Ye	duate? s or No ourse o dy	) of		
	Educational 1 to attend	Institution										

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Mailing Address ( Department)	(Student )	Accounts					City			State			ZIP	
Beginning Date					How Long?				·	Approx Gradua		2		
		d Cost for period cceed one year)					Through							
Tuition & Fees			Room & Board				Books & Supplies				Tota Antic Cost	cipated		
<b>ADDITONAL</b>	REFERE	NCES												
We will not reque of recommendation	on must	accompany	your applic	cation. Se										
Full Name				Address	5			Pho	ne		0	ccupatio	n	
Full Name				Address	5			Pho	ne		0	ccupatio	n	
Full Name				Address	5			Pho	ne		0	ccupatio	n	
SCHOLARSHIP	INFORM	MATION												
Give a brief summary of school and community activities in which you have participated, indicating any leadership roles which you have held.														

Of the why?	interests and activities stated	in your answer to qu	estion #1, which	was the most rewardi	ng to you and
(major)	brief summary of your future ) and how you plan to use you reach that goal?				
	certify that the information contained Sholston Charitable Trust for a grant in In.				
Date		Applicant's Signature			
Each of u	us hereby certifies that the informatio	n contained herein is true	and correct to the be	st of our knowledge and be	lief.
Date		Mother's Signature			
Date		Father's Signature			
are atte	re awarded this scholarship, the nding to use during fall semeste t semester of postgraduate study. 20 to receive additional informa	r 2020, or there is a pa Scholarship recipien	rocess for funds to ats will be invited to	be sent to the student af a reception at Comer E	ter completion of