

The Will Davison Memorial Scholarship was founded in the memory of William Clay Davison. Will was born on March 1, 2007. He passed away suddenly on July 25, 2007. His life was short, but his legacy will remain true as his memory will continue to give to others. It has been important to his family that young people have the ability to pursue professions and academic careers in fields that serve others. Thus, the WDMSF has been established through contributions from the community and loved ones to maintain the memory of this young man.

Will Davison Memorial Scholarship

The WDMSF is open to any graduating senior attending Forsyth County High School that meets the following minimum criteria:

- Must be a Senior in good standing
- 2.8 minimum grade point average
- 3 completed letters of recommendation
- completed application and packet
- Well-written essay detailing applicant's evidence of service to the community and intended field of study
- Pursuing a degree in a "helping field" or "profession of service to others"
- Attach one unofficial transcript verifying your GPA
- The deadline for application is May 1, 2020.

Submit the original application plus one copy of all supplemental materials to:

Will Davison Memorial Scholarship c/o Lambert High School 805 Nichols Road Suwanee, GA 30024

Application Checklist:
Completed, signed application
Unofficial transcript
Essay
Resume
3 letters of recommendation

Will Davison Memorial Scholarship Application

Applicant Information

Name	FCSS student #
Address	Zip code
Email address	
Expected date of college graduation	
Transcript Information	
FCSS credits	FCSS GPA
Scholarship Information	
List any tuition exemptions, scholarships, or fellowships you have applied for or been awarded for the 2019-20 academic year.	
Attachments	
 Personal Essay- Essay should detail and intended field of study. Please included the study of the study and a result of your academic care. Resume- Summarize your work/school 	
Notification of Scholarship Awards	
 Scholarship recipients are required to include a handwritten thank-you note to the scholarship donor(s). 	
I give the WDMSF permission to release a copy of this applineeds this information for the selection process. I have checknowledge; the information is complete and correct. I under application will disqualify me to further student aid through tranking of scholarship recipients and the decision of the sch	cked this form for omissions and errors and the best of my stand that the inclusion by me of false information in this he WDMSF. I understand the WDMSF does not disclose
Applicant Signature	Date