SATILLA REMC FOUNDATION SCHOLARSHIP
STUDENT VERIFICATION

Completed application must be signed by school counselor and returned to Satilla REMC by **March 14, 2025.**

Name of High School _____

Student's Name _____

Address _____

City _____ State _____ Zip _____

Phone (including area code) _____ Social Security No. xxx-xx-_____ (last 4 digits only)

Cell Phone _____ e-mail _____

Parent/Guardian's Name _____ Cell Phone _____

Parent/Guardian's Name _____ Cell Phone _____

I _____will graduate this spring and plan to continue my education in college in the summer or fall of 2025. I understand that the scholarship will be sent directly to the college or university upon my acceptance and subsequent enrolling in said institution. Reimbursement for eligible expenses will be made by the institution through the institution's normal disbursement policy.

SATILLA REMC FOUNDATION SCHOLARSHIP
COUNSELOR'S VERIFICATION

Student Name_____

Overall High School GPA_____

Counselor's Signature_____

STUDENT APPLICATION

List your involvement in School Activities. Include all school-related activities in which you gave of your time or talents to better your school.

List your involvement in Community Service. Include any extracurricular activities, i.e. church activities and civic activities, in which you gave of your time or talents to better your community.

Describe any special circumstances that you feel would make you a better recipient of the scholarship. These may include any obstacles you have overcome, extraordinary needs you have faced, and or any unique endeavors you have undertaken.

List any special goals that you have for your future.