GFWC-NC Sallie Southall-Cotten Scholarship
Application Form

To Be Completed By Sponsoring Club: Complete the following before delivering application to applicant.

Club: GFWC Statesville Woman's Club (SWC) **Town:** Statesville, NC **District: II President:** Janine Burchett
Mailing Address: 515 West End Avenue, Statesville, NC, 28677
Local Scholarship interviews will be held: Jan. 24, 2027 **Place:** SWC 515 West End Avenue, Statesville, NC 28677

To Be Completed by Student

APPLICANT'S FULL NAME_____Date_____

HOME ADDRESS _____

BIRTH DATE_____PHONE (home)_____PHONE (cell)_____

APPLICANT'S EMAIL _____

1) School_____Graduation Date _____
2) Name of Father/Guardian _____

   Address_____Occupation _____
3) Name of Mother _____

   Address_____Occupation_____
4) How many people are dependent upon your parents? _____
5) Give ages of brother(s)_____Sister(s)_____
6) How many brothers and/or sisters_____are in college?

   Name colleges _____
7) Did your parents attend college? Father_____Mother_____
8) Do your parents own their own home?_____Buying?_____Renting? _____
9) What work for pay have you done during the last year? _____
10) What work do you plan to do this coming summer? _____
11) What is your NC college preference? _____

    What course of study will you take? _____
12) Have you applied or been accepted for entrance to a college? _____
13) Have you informed the student aid officer of your need for financial assistance? _____
14) Name other scholarships for which you have applied. _____

    Scholarship name and amounts you have received. _____
15) If you are awarded this scholarship, how will the balance of your college expenses be financed?

    _____
16) Attach a list of extracurricular activities, honors and community activities.

PARENT OR GUARDIAN'S ENDORSEMENT

I (name)_____the parent/guardian of the above applicant for a scholarship, hereby declare that, to the best of my knowledge, and belief, the foregoing statements are complete and correct. I approve the applicant's application for a scholarship.

Date_____Signature_____

Applicant must be present for judging.