

The Glynn Academy Class of 1969 Memorial Scholarship

The Glynn Academy Class of 1969, a member of Communities of Coastal Georgia Foundation, will award a \$2,500 academic scholarship to a graduating Glynn Academy senior who has been accepted to attend a Georgia academic college or university. There will be no restriction regarding race, ethnicity, creed or gender.

The senior must meet the following criteria:

1. Applicants must have a cumulative grade point average between 2.70 and 2.99 HOPE grade point average.
2. Applicants must supply family background and demonstrate financial need.
3. Applicants must be a good school citizen with no demerits, excellent attendance and no failures.
4. Applicants must demonstrate active involvement in extracurricular school and community activities.

Student Responsibilities

- A. Complete scholarship application. To be typed or neatly printed in black ink.
- B. Submit an official copy of their high school transcript including SAT/ACT test scores.
- C. 2 sealed letters of recommendation.
 - a. 1 – from one of their academic instructors
 - b. 1 – from a community member who monitored their community service
- D. Attach his/her photograph.
- E. Submit the completed application no later than April 21 to the Communities of Coastal Georgia Foundation (address on the bottom of the application).
- F. Write and submit an original essay on “Why I deserve this scholarship”.

Incomplete applications will not be considered.

The scholarship to be awarded may be used for tuition, fees, room and board. Payment will be made to the college on behalf of the recipient in halves prior to the start of each semester. Recipient must achieve at least a 3.0 average to receive the 2nd half of the scholarships prior to the 2nd semester. The student must submit a copy of his/her 1st semester grades to The Communities of Coastal Georgia Foundation, 1626 Frederica Road, Suite 201, Saint Simons Island, Georgia, 31522 before they can receive the 2nd half of their award. If the student withdraws or otherwise fails to complete either semester, the money must be returned to the Foundation by the educational institution.

Selection of the recipient shall be determined by the Class of 1969 Scholarship Committee and the Communities of Coastal Georgia Foundation, applying the above criteria.

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Provided by The Communities of Coastal Georgia Foundation / Glynn Academy Class of 1969 in memory of their "Gone But Not Forgotten" for the benefit of Glynn Academy students.

Scholarship Application

Please type or print clearly in black ink. Attach additional sheets if necessary. Please supply all information requested. Only complete applications will be considered.

Student Information

Full Name _____

SS# _____ Phone _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Parent or Guardian's Name _____

Address _____

City _____ State _____ Zip _____

List the colleges you have applied to and where you have been accepted: _____

College/University you plan to attend: _____

College curriculum planned: _____

Family Background

Number of children in family, by age _____

Parent's marital status _____

Educational background of parents and other children in your family:

Occupation of Father/Guardian _____ Employer _____

Gross Income last year \$ _____

Occupation of Mother/Guardian _____ Employer _____

Gross Income last year \$ _____

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Financial Background

Are you or your parents/guardians receiving any outside assistance? ___ **Yes** ___ **No**

If yes, please explain: _____

Approximate amount saved for college \$ _____ From what sources do you expect to receive financial help? _____

Additional information regarding your financial need: _____

Honors and Awards

List specific information of any school honors: _____

What awards have you received (in school or through community involvement): _____

Extracurricular activities (including Band, ROTC an athletics); list any offices held: _____

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List other non-school activities you have done and civic organizations you have been involved with; please provide specific explanations of your involvements.

Work Experience

List jobs held outside school hours and hours worked: _____

My signature below certifies that all information and statements are true and accurate and the essay is my own words.

Signature of Applicant _____ Date _____

Please send the application and any other related materials in PDF format via email to:

info@costalgeorgiafoundation.org

or in hard copy by mail to:

**Communities of Coastal Georgia Foundation
ATTN: GA Class of 1969 Scholarship
1626 Frederica Road, Suite 201
Saint Simons Island, Georgia 31522.**

The deadline for submission is **April 21, 2017**.