Scholarship Application

St. Clair County Republican Scholarship Fund

A Non-Profit Corporation

Application Must Be Received By: April 22 2016

Please complete this form and mail to: (If additional information is needed, call Mr. Fricker at 205-525-5416 Mr. Mike Fricker Scholarship Committee 1665 Dry Creek Road Cropwell, Alabama 35054

The St. Clair County Republican Scholarship Fund is offering scholarships for graduating seniors in St. Clair County. The granting of these scholarships is based on the applicant's academic, extracurricular and community activities. Scholarship offers are subject to the applicant being a graduate from a High School or Private, Church or Home School in St. Clair County, as well as residing in St. Clair County during the current academic year. Applicant must receive acceptance to a University, College (2 or 4 Year) or an accredited trade school. Scholarship MUST be used within 24 months of receipt of award.

Full Legal Name				
	Last (Family Name)	First	Middle/Maiden	
Home Address				
	Street / RFD / PO B	ox		
City	State	Zip Code	County	
(Parent/Guardian Name) Mr.	& Mrs			
Address			City	
State	Zip Code _	-	County	
Name of High School				U C. S.
SAT or ACT scores (if availa	ble) SAT-V M A	ACT EH MA _	SS NS	COMP
Special Honors and/or awards	s you have won			
Extracurricular activities	2			
Community activities, i.e. PAL	S, RED CROSS, etc.			

(Please Complete Page 2)

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Are you a registered voter Yes	J No	
Have you considered a career in government	ment or politics	
Have you been a candidate for a leadership p	position (Pres., Vice Pres., etc.,) of any organization in High School	☐ No
If you have been employed in the past tw	o years, list employer and job description	· · · · · · · · · · · · · · · · · · ·
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List your expected major	Interest Area	
Briefly outline your career plans (additional	al pages may be attached)	
Signature of Applicant	Date	
APPLICANT - PLEASE SUBMIT 5 COPIES OF	OF THIS APPLICATION AND ANY ATTACHMENTS. PLEASE DO NOT WRITE BELOW TH	IIS LINE
Teacher or Counselor handling applica		
Signed		
Please Print Name	Phone Nbr.	