



REVEREND DR. A. W. WATKINS
SCHOLARSHIP FOUNDATION

REVEREND DR. A.W. WATKINS SCHOLARSHIP APPLICATION FOR HIGH SCHOOL SENIORS

Complete and mail application packets to the post office box below no later than 31 March 2010. Only completed applications will be considered.

Name _____

Address _____

City, State and Zip

Telephone Number _____

E-Mail _____

Date of Birth _____ (mmddyyyy)

Counselor Name and Telephone Number _____

E-Mail _____

High School Information:

Name _____ Address _____ Dates attended _____

High School GPA _____ on a _____ scale

ACT Score _____ SAT Score _____

List any organization(s) or community involvement you participate or have participated in within the last two (2) years. .

List any school activities (i.e student government, sports, publications) you are/were participated in.

Applicant church membership name and address _____

Pastor Contact Info: Telephone# _____

E-Mail _____

Church Activities: (i.e. Usher Board, Choir, Youth Department): _____

Name of University/College attending _____

Address and phone number _____

If you have already been accepted into a College/University, please provide your student number so funds can be applied to your account if selected. _____

Signature and date _____