

**APPALACHIAN MOUNTAIN REGIONAL CAMPUS COUNCIL, INC.  
BONNIE HIGDON REAVES SCHOLARSHIP PROGRAM**

***Purpose:*** To provide scholarships for higher education to deserving students in Fannin County and surrounding communities. Open to all students who have been accepted to a post-secondary institution, i.e. university, college or technical school.

***Application Process (Applicant must submit ALL of the following):***

1. Completed application form. Please print clearly in black or blue ink or type.
2. Attach a **one-page** essay describing your career goals and reasons for pursuing higher education. Include any background information that would assist the committee in determining your need for scholarship. Essay **MUST** be typed and double-spaced and no more than one page.
3. Attach at least one letter of recommendation from a non-family source.
4. Include as proof of income a copy of one of the following: most recent federal income tax return (Form 1040 ONLY, please do not send entire tax return) or W-2 form(s).
5. Sign and date application.

***SUBMIT application form, essay, recommendation letter, and proof of income to your high school guidance counselor by April 1..***

***The applications will be picked up from the counselor's office after this date.***

***OR you may mail this application to:***

***AMRCC, Inc.***

***PO Box 275***

***Blue Ridge, GA 30513***

***OR email to:***

***[Amrcc1989@gmail.com](mailto:Amrcc1989@gmail.com)***

***NOTE: Applications which are not complete may be disqualified.***

## APPALACHIAN MOUNTAIN REGIONAL CAMPUS COUNCIL, INC. SCHOLARSHIP APPLICATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Permanent Address:

Street \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email Address \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Parent Phone Number \_\_\_\_\_

Parent(s) Address \_\_\_\_\_

Graduating High School \_\_\_\_\_ Year of HS Graduation \_\_\_\_\_

Class Rank \_\_\_\_\_ Grade Point Average \_\_\_\_\_

College you plan to attend \_\_\_\_\_ Intended Major \_\_\_\_\_

Estimated cost to attend your college choice (annual) \_\_\_\_\_

SAT Scores: Math \_\_\_\_\_ Verbal \_\_\_\_\_ Total \_\_\_\_\_

ACT, Compass or other scores (if applicable): \_\_\_\_\_

Currently Employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes", Name & Address of Employer:

Most Recent Work Experience:

(List the company names and employment dates)

\_\_\_\_\_

Position & Approx. Hrs Worked: \_\_\_\_\_

\_\_\_\_\_

Description of Duties \_\_\_\_\_

\_\_\_\_\_

**APPALACHIAN MOUNTAIN REGIONAL CAMPUS COUNCIL, INC.  
SCHOLARSHIP APPLICATION (continued)**

**AWARDS, HONORS RECEIVED (Include year received):**

**SCHOOL AND/OR COMMUNITY ORGANIZATIONS AND ACTIVITIES:**

(Church, Clubs, Civic, etc.)

Organization

Member/Officer

Year

Activities

**APPALACHIAN MOUNTAIN REGIONAL CAMPUS COUNCIL, INC.  
SCHOLARSHIP APPLICATION (continued)**

**FINANCIAL NEED INFORMATION**

**INSTRUCTIONS:** Complete this form with the most recent financial information available.

Name \_\_\_\_\_

1. Where do you plan to live during the school year? Parent's Home \_\_\_\_ Rent \_\_\_\_ On-campus housing \_\_\_\_

2. Are you self-supporting? Yes \_\_\_\_\_ No \_\_\_\_\_

a. If yes, total self-supporting \_\_\_\_\_ partial self-supporting \_\_\_\_\_

b. Your total annual income (adjusted gross income) on your most recent tax return \$ \_\_\_\_\_

3. Number of dependents you support \_\_\_\_\_ Dependents' Ages \_\_\_\_\_

4. Are you being financially assisted by parents/guardian? Yes \_\_\_\_ No \_\_\_\_ Percent supported \_\_\_\_\_

a. If being assisted, what is the approximate annual amount provided by parent/guardian? \_\_\_\_\_

b. Total number of dependent children in family \_\_\_\_\_ Ages \_\_\_\_\_

c. Total number of family members (including yourself) in college \_\_\_\_\_

d. Total annual family income (adjusted gross income) on most recent tax return? \_\_\_\_\_

List any scholarships or sources of financial assistance you **have been awarded** (include grants and aid from any source including federal, state, or local government agencies). List type and amount.

List any scholarships or sources of financial assistance you **expect to receive** during the next academic year (include grants and aid from any source including any federal, state or local government agencies). List type and amount.

*I submit this application to the Appalachian Mountain Regional Campus Council, Inc. in order to obtain financial assistance. I authorize said Council to contact my high school or other academic institutions to obtain additional information as necessary. A personal interview may follow.*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*