

Southern Middle Tennessee Association of REALTORS Scholarship Application – 2020 \$500 Scholarship

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Marchall Mai	ury Parry and Wayr	e County in Southern N	1iddle Ten	ool in Giles, Lawrence, Lewis, Linc nessee.	
	D CLIDANICCION to C	MATAR Scholarship Fou	ndation:	4:00p.m. on APRIL 13, 2020	
SECTION I:		ne supplied by applican			
Name:	First	Middle	Salaran esta a de la composito	Last	
Date of birth:			Male	Female	
Full name of	parent or guardian:				
Permanent A	ddress of parent or	guardian:			
Street			City	Zip	2. 2.
Telephone nu	umber(s) of parent o	or guardian: home:		cell:	
County of leg	gal residence:				
What high sc	hool do you current	:ly attend?			
Address of so	chool				
This high sch	ool is located in wha	at county?			
In the space organization necessary:	below, briefly sumn s of which you are, o	narize your school and o or have been, a membe	community r and any	y achievements and activities. Lis offices held. Use separate sheeti	st (s) if
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Vhat college, university or vocational school do you plan to attend?	
What will be your major course of study and what are your educational plans:	
Do you have any special financial needs that the Scholarship Committee should know abo your parents. This information is used for selection process ONLY and will NOT be disclose	ut? Please ask ed to anyone.
What was the <u>adjusted</u> gross income for your parent(s) or guardian(s) for last year?	
The applicant herewith consents that the Scholarship Selection Committee be fully info applicant's scholastic standing, character, and any other factors that may have a bearing application.	ormed as to the
Signature of Applicant	Date
AFTER COMPLETING THIS SECTION OF THE APPLICATION, PRESENT THE ENTIRE FORM T	TO YOUR

DEADLINE: MAIL TO SMTAR Scholarship Foundation to reach us by: 4:00p.m. on APRIL 13, 2020
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SECTION II: Information to be supplied by Guidano	ce Counselor:
Name of applicant:	
This is to certify that the above named applicant ranks	in a class of and has an
accumulative GPA of	
The applicant has taken the following college entrance	examination(s):
Name of Test	Test Score
Name of Test	Test Score
Date of Awards Day and/or High School Graduation:  Awards Day:  Awards Day Time:	Graduation:Graduation Time:
If selected, when may we present the scholarship to th  Awards Day Gradu	e student? (please check one): ation
Name of Guidance Counselor (please print)	
Signature of Guidance Counselor	Telephone Number

PLEASE MAIL COMPLETED APPLICATION TO:

SOUTHERN MIDDLE TENNESSEE ASSOCIATION OF REALTORS
ATTENTION: SCHOLARSHIP SELECTION COMMITTEE
304 RIVER ROAD
COLUMBIA, TN 38401

DEADLINE FOR SUBMISSION to SMTAR Scholarship Foundation: 4:00p.m. on APRIL 13, 2020 NOTE: THESE WILL NOT BE PICKED UP! PLEASE MAIL TO REACH US BY DEADLINE.



