



Georgia L. Williams Memorial Scholarship Ministry

2021 & 2022 Graduating Seniors Information Packet
(Please return this packet to the Scholarship Ministry Mailbox)

****Please include a photo****



Georgia L. Williams Memorial Scholarship Ministry

Graduating Seniors Information Packet
Please type or complete in blue ink.

Date _____

Name: _____

Address: _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell** _____

List Name and address of school you graduated from:

Actual date of graduation (MM/DD/YY or MM/YY)

Parent(s) /Guardian Name

Home Phone _____ **Cell** _____

Biographical Information

Elm Grove Church Ministry membership:

Organization membership:

Community Service Projects:

Awards and Honors received:

I attest that all information provided in this application is accurate to the best of my knowledge, and is verifiable.

Print Name

Signature

Date