



## Athens StepUP Student Scholarship Application

**\*\*Please print clearly**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone: \_\_\_\_\_

ACT/SAT Score: \_\_\_\_\_ GPA: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Student's Email Address: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

**\*\*\*Please compile a 500 word essay explaining why you should be a recipient of the StepUp Scholarship Program. Explain how you are giving back to your community or your families' well being including earning money for college.**

My signature below indicates that I have read and understand the terms of this scholarship and the information I have provided above concerning residency and enrollment in the Clarke County School District is true to the best of my knowledge.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_