



Athens StepUp Scholarship Application

athensstepup@gmail.com

PLEASE VISIT WEBSITE BELOW FOR ADDITIONAL
INFORMATION

www.athensstepup.com

Student's Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Student's Phone Number: _____

Student's Email Address: _____
Please provide a contact other than school email address

Parent's Email Address: _____

School Information

Name of High School: _____

City: _____ County: _____ Expected Graduation Date: _____

Please attach the following required documents:

- Application
- Recent Official High School Transcript
- Recommendation Letters(2 letters required from your counselor, teacher, mentor, etc.)
- Acceptance Letter
- Typed Essay
 - *We would like to know more about you. Discuss what experiences have shaped who you are today and what challenges you have overcome in achieving your educational goals (i.e. personal, financial, medical, loss of a loved one, etc.). Explain why you need financial assistance. Be able to share your academic and career goals, as well as your plan to achieve them.*

List and attach any scholarships, grants, or financial aid that you have already received:

Student Signature _____ Date _____

Completion and submittal of this application indicates that the information I have provided above concerning residency and enrollment in the Clarke County School District is true to the best of my knowledge.

Please submit your application packet to your school counselor by March 20, 2019.