

Signature Page

I understand that withholding information requested in the application or providing false information may make me ineligible for a scholarship to Walters State Community College. With this in mind, I certify that the above information is correct and complete.

I have completed the necessary steps in the scholarship application process and realize that there is a **March 15, 2010** application deadline.

Signature _____

Date _____

Applicant's Name (PRINT) _____

Social Security Number _____

Current School Attending: _____

LATE applications will NOT be accepted - applications are due by March 15, 2010.

Only complete this section if you will be graduating high school.

TO BE COMPLETED BY HIGH SCHOOL COUNSELOR

Name of High School _____ County _____

Month/Year Graduated _____

I have reviewed the scholarship application for _____
and determined the following academic information: _____
Full Name

CHECK ONE

G.P.A. (on 4.0 scale)

Composite ACT Score
(Best test, not super score)

University Path

Technical Path

Counselor Signature

Date

Mail applications to: Walters State Community College
ATTN: Financial Aid Office
500 S. Davy Crockett Parkway
Morristown, TN 37813-6899

OR

Fax applications to: 423-585-6763

APPLICATIONS FOR SCHOLARSHIPS ARE PROCESSED WITHOUT REGARD TO SEX, AGE, RACE, COLOR, CREED, NATIONAL ORIGIN, OR DISABILITY STATUS.