

**TOWN OF HIGHLANDS  
SCHOLARSHIP APPLICATION  
COLLEGE STUDENTS**

Name: \_\_\_\_\_  
                    Last                                    First                                    Middle/Maiden

Address: \_\_\_\_\_  
                    Street or P. O. Box                    City                    State                    Zip

Name and address of school you are presently attending: \_\_\_\_\_  
\_\_\_\_\_

Major: \_\_\_\_\_

**YOU MUST ATTACH A COPY OF YOUR OFFICIAL ACADEMIC TRANSCRIPT.**

It must be clear from your transcript that you are a student in good standing at your school. If this is not clear from your transcript, please provide a letter from your dean.

Scholarships are awarded based upon both scholastic achievement and need. The Scholarship Committee will consider any financial information you submit with your application, and will keep that information confidential.

The intent of the Town Scholarship is to help you attend the school of your choice. If the scholarship is not used, it must be returned so that other students may benefit. By signing this application, you are confirming your understanding that if you decide not to attend school after an award has been made, or if you drop out after a semester, the balance of the award will be refunded to the Town of Highlands Scholarship Fund.

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

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS APPLICATION, INCLUDING ATTACHMENTS, MUST BE RECEIVED IN THE  
TOWN OFFICE BY APRIL 15**

The Scholarship Committee WILL reject ALL late applications.

Please return this application to:  
Town of Highlands Scholarship Committee  
P. O. Box 460  
Highlands, NC 28741