

TOWN OF HIGHLANDS SCHOLARSHIP APPLICATION COLLEGE STUDENTS

Name: _____
Last First Middle/Maiden

Address: _____
Street or P. O. Box City State Zip

Phone: _____ Email: _____

Name and address and major of school you are presently attending:

School: _____

Address: _____
Street or P. O. Box City State Zip

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

Attachment "C"