

**DR. SHEILA WILKERSON BINKNEY / WSHS CLASS OF 1969 MEMORIAL SCHOLARSHIP**

**2019 APPLICATION**

<b>Please type your answers.</b>			
1.	Last Name:	First Name:	
2.	Mailing Address		
	Street:		
	City:	State:	Zip:
3.	Daytime Telephone Number: (    )		Cell: (    )
	Email Address:		
4.	Date of Birth:    Month                  Day                  Year	Gender:	
5.	Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent school transcript is required.		
6.	Name and location of High School :		
7.	<p>A. List any academic honors, awards and membership activities while in high school:</p> <p>B. List your hobbies, outside interests, extracurricular activities and school related volunteer activities:</p> <p>C. List your non-school sponsored volunteer activities in the community:</p>		
8.	<p>A. If you have decided on what college you will attend, please list school name:</p> <p>B. If not, list your top 3 college choices:</p>		
9.	<p>A. Were you born in Henry County? Yes____ No____</p> <p>B. Are you a descendent of a Henry County Training School alumnus? Yes____ No____</p> <p>C. Is a parent, grandparent, or legal guardian an alumnus of the <b>West Side High Class of 1969</b>? Yes____ No____</p> <p>If your answer is 'yes' to B and/or C, please complete blocks A, B, and C below.</p>		
10.	A.	His/her full name:	
	B.	Email Address	C. Phone no:

## Program Guidelines & Priorities:

- \* Seeking graduating seniors with a record of volunteerism in the community in non-school sponsored activities and participation in extracurricular school activities.
- \* Applicants must have a minimum GPA of 3.0 and plan to attend a 2 or 4 year college or technical school.
- \* Scholarship funds will be awarded in the fall of 2019 pending verification of enrollment and proof of acceptance.

### **BONUS POINTS**

- 1. WSHS Class of 1969 descendant**
- 2. Henry County Native**
- 3. Descendant of Henry County Training School Alumni**

- \* Applicants must have the endorsement of their Guidance Counselor on their application attesting they are a qualified fit for this scholarship program. ***WSHS CLASS OF 1969 strongly suggests that each high school present this opportunity to the strongest applicants that match the program's guidelines.***

Applications must be postmarked by **Friday, May 24, 2019**. Late applications will not be accepted.

Mail one copy of a completed typed application package to:

**Mrs. Joeann S. Compton**  
**95 Sims Drive**  
**Locust Grove, GA 30248**  
**Phone: 770-957-7920 (home) or 404-218-4236 (cell)**

*(This includes application with sing-off by Guidance Counselor Department, essay, resume, and school transcript.)*

**11. On a separate sheet, please write an essay (250 - 500 words) answering the questions below:**

Describe how volunteer or community service has shaped who you are today and what community service has taught you, and how you will give back to the community. Also, discuss in your essay any challenges or obstacles you have dealt with and overcome in life and how this will help you succeed in college and beyond.

**STATEMENT OF ACCURACY FOR STUDENTS**

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the **Dr. Sheila Wilkerson Binkney / WSHS CLASS OF 1969 Memorial Scholarship**. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, according to the **Dr. Sheila Wilkerson Binkney / WSHS CLASS OF 1969 Memorial Scholarship** policy, I must be present or represented by a family member at any potential awards ceremony or reception in the fall of 2019 to receive my certificate. The scholarship award will be sent to the school of your choice.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

**Signature of scholarship applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR**

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application submitted to the **Dr. Sheila Wilkerson Binkney / WSHS Class of 1969 Memorial Scholarship** Committee.

**Signature of Counselor:** \_\_\_\_\_

**Checklist** (Please use this checklist to ensure that all information is included in this packet.)

- \_\_\_ Application
- \_\_\_ Essay
- \_\_\_ Resume/Activity Sheet
- \_\_\_ Guidance Counselor signature
- \_\_\_ School Transcript

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