**Application Checklist**

- Completed, signed scholarship application
- Essay, as described in application

To be eligible for consideration, the application and essay must be in any Financial Aid office by the close of business on the posted deadline dates. Any applications received after those dates will be considered for the following term.
Local Scholarship Application
(Please complete in blue or black ink!)

Please circle your “Home Base” campus:
Carroll  Coweta  Douglas  LaGrange  Murphy

Application Data

Last Name________________________________ First Name_________________________________ MI______
Student ID________________________________ Phone Number______________________________
Address____________________________________ City_________________ State_______ Zip_______
County____________________________________ Email_______________________________________
Male/Female__________________ Marital Status__________________________________________ Number of Children_____
How did you hear about these scholarships?____________________________________________________
__________________________________________________________________________________________

Community/School

Declared Program of Study_________________________________________ Certificate  Diploma  Degree
Projected Graduation Date__________________________________________ # of credit hours enrolled for upcoming term__________
Community/Campus Activities, Awards, Honors ________________________________

Essay

On a separate page, please provide a one-page, one sided typed essay:

☐ Describe your personal and educational goals.

☐ Tell us why you’ve chosen your particular field of study and what you plan to do with your certificate, diploma or degree.

☐ Include any additional information or factors such as unusual family, financial or personal circumstances that you believe should be considered by the Committee in reviewing your application.

☐ PLEASE REMEMBER TO TYPE YOUR NAME AND STUDENT I.D. ON YOUR ESSAY!

Certification & Signature

The undersigned hereby acknowledges the information provided on this application, including attachment(s) is true and correct to the best of his/her knowledge, and the information may be provided and disclosed to the West Georgia Technical College Scholarship Review Committee. We hereby release from liability any person submitting information to WGTC for use in the selection of scholarship recipients.

Signature of Student________________________________ Date__________________________

Financial Aid Office
176 Murphy Campus Blvd.
Waco, GA 30182
770-537-5740 (office)
770-537-7995 (fax)