

**APPLICATION FOR ACADEMIC SCHOLARSHIP
GOLDEN TRIANGLE HOME BUILDERS ASSOCIATION**

NAME FIRST MIDDLE LAST HOME PHONE

STREET ADDRESS

CITY COUNTY STATE ZIP CODE

DATE YOU PLAN TO ENROLL (MONTH/YEAR)

WILL YOU BE ATTENDING AS A FULL TIME STUDENT? YES () NO ()

DATE YOU EXPECT TO GRADUATE

DEGREE AND FIELD OF STUDY YOU PLAN TO PRUSUE

DEGREE FIELD

HIGH SCHOOL ATTENDED DATE GRADUATED

ADDRESS OF HIGH SCHOOL

ALSO INCLUDE:

2 Reference letters

Transcripts from last school attended

AWARDS WILL BE IN FORM OF A CHECK MADE OUT TO YOU AND THE INSTITUTION YOU WILL BE ATTENDING. THEREFORE, ACCURATE INFORMATION AS TO HOW THE CHECKS NEEDS TO BE MADE MUST BE LISTED BELOW:

SCHOOL YOU WILL BE ATTENDING: _____

APPLICANT'S SIGNATURE DATE

**Please mail application along with reference letters and transcripts to:
Golden Triangle Home Builders Association
P. O. Box 2272
Columbus, MS 39704**