

OFFICE OF STUDENT FINANCIAL AID
DARTON COLLEGE

Out of State Service

Scholarship Application

APPLICATION DEADLINE: Must be postmarked by April 1 to receive priority awarding for academic year.

RETURN COMPLETED APPLICATION TO:

Office of Student Financial Aid
Darton College
2400 Gillionville Rd.
Albany, GA 31707
(Building A — Rm. 198)

OFFICE USE ONLY	
HS GPA	_____
SAT	_____
DC GPA	_____
ATT HOURS	_____
CREDIT HOURS	_____

ENROLLMENT STATUS: Beginning Freshman Transfer Current

Intended major, if known: _____

PERSONAL INFORMATION:

Name: _____
Last First Middle

Nationality _____ Date of Birth _____

Permanent Address _____
Street City/State Zip Country

Telephone _____ Email _____

HIGH SCHOOL(S) AND/OR COLLEGE(S) ATTENDED:

NAME	CITY/STATE	COUNTRY	DATE OF ATTENDANCE	GRADUATION DATE

EXTRACURRICULAR PROFILE:

Use the space provided to share your involvements, activities, and accomplishments. Please provide details regarding length and depth of your involvements and leadership positions. If you attach additional pages of information, include your full name and address on each and attach to this application form. Please type or write legibly with dark ink.

Academic awards, honors, and scholarships:

Other achievements and awards:

School activities, clubs, and athletics:

Community service:

Work experience:

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

1. A PERSONAL STATEMENT of no more than one page describing how your strengths and interests would benefit the program at Darton College.
2. A CURRENT LETTERS OF RECOMMENDATION.
3. AN OFFICIAL SAT OR ACT SCORE REPORT, if you have not submitted it for admissions purposes.

Should you be awarded a scholarship, list any information needed for use in release of an announcement.
(Your name, address, spouse, children, mother/father, etc.)

I understand my scholarship application cannot be considered until all information for application for admission and financial aid has been received by the college. I give my permission for release of information requested from my secondary school and from the Darton College Office of Admissions. This may include evaluations by teachers, SAT scores, and other information necessary to determine my qualifications for an award. I understand that evaluations will be kept confidential, and I waive any right of access to them.

Applicant's Signature

Date



University System of Georgia
An Affirmative Action/Equal Opportunity Institution