

## 2024-2025 WALLACE & GRAHAM GIVES SCHOLARSHIP APPLICATION

## PERSONAL INFORMATION

All personal information provided will be kept strictly confidential. Please send a recent photo of yourself with this application. Selected winners must be able to provide a high resolution (1024 x 768 pixels minimum), formal yearbook style senior photo to be used for publicity purposes.

Please type or print clearly. Preferred Name (Nickname) High School CARSON **SALISBURY** EAST ROWAN **NORTH ROWAN WEST ROWAN SOUTH ROWAN** Home Address Male Female Class rank: \_\_\_\_\_\_ of \_\_\_\_\_ total students SAT Scores: V \_\_\_\_\_\_ M \_\_\_\_\_ W \_\_\_\_\_ Combined \_\_\_\_\_\_ ACT Scores: E \_\_\_\_\_\_ M \_\_\_\_\_ R \_\_\_\_ S \_\_\_\_\_ Combined \_\_\_\_\_ Intended Major or Focus School you plan to attend this fall \_\_\_\_ If undecided, please list where you have applied or been accepted Mother's Name (or Legal Guardian) | Father's Name (or Legal Guardian) \_\_\_\_\_\_ Home Address Home Address City, State, Zip \_\_\_\_ Cell Phone # \_\_\_\_ Cell Phone # Email Address Email Address Employer \_\_\_\_\_ Employer \_\_\_\_ Occupation \_\_\_\_\_

REFERRAL INFORMATION How did you learn about the Wallace & Graham Scholarship Program? Check all that apply.

Teacher Online Search Newspaper

Friend WallaceGraham.com Guidance Counselor

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EXTRACURRICULAR ACTIVITIES		
Club, sports, fine arts groups, volunteer work, scouting, jobs, internships, church involvement, special interests, and hobbies.		
ACTIVITY	# OF YEARS PARTICIPATED	HOURS PER WEEK CONTRIBUTED
ESSAY PROMPT In 750 words or less, describe an adversity that you and/or your family have had to overcome during your life. Tell us how this particular adversity (or set of adversities – example: a significant illness or injury in the family, a parent's loss of his/her job, etc.) caused you to grow as a person, how you learned from the experience, and how you were able to achieve success in academics and/or leadership despite the difficult circumstances.		
HONOR PLEDGE I certify that the information provided in this application packet is complete and accurate to the best of my knowledge. I understand that falsification of information will result in termination of any scholarship granted. I understand that complete or late application will not be considered. Should I receive a scholarship, I authorize Wallace & Graham to use my presentation, name, and likeness in publicity materials relating to the scholarship program.		
NAME		

DATE