Darton State College Scholarship Application 2018-2019 You must submit a separate application for each scholarship award.

Full Name:		
Name of scholarship applying for: (Please note list of special requirements for	r some scholarships follow	ing this application)
ASU Student ID (if applicable)	Phone numb	oer
Personal Email Address		
Mailing Address		
City	State	Zip
Signature		Date
*Submission of the FAFSA and transcrip **Applications and supporting document on the application deadline.		
By my signature below, I authorize the departments within the direlease information from my student record to allow the Darton S representative to access to or a copy of my student records to det FAFSA, personal and parental financial information, academic reinformation confidential and will only release information to eith selection committees or donors with a 'need to know'. I acknow except to the extent of information that has already been released	State College Foundation Scholarship Setermine eligibility. This information may ecords, work history, personal and family her Darton State College Foundation represented that my consent is voluntary, and	lection Committee, or a duly authorized y include but is not limited to my y data. The Committee will keep this resentatives, employees or scholarship
Printed Name		Date
Signature		_
Please complete the following information	listed below:	
High school GPA (If Applicable):	Current College	GPA:
How many college credit hours have you c	completed?	_
What is your intended field of study/major	?	
Are you a Veteran, or Active Duty Military	y, if yes please indicate bra	nch and length of service?
List any scholarships or awards received an	nd amounts:	

List any special honors, awards or offices held:		
List any other scholarships you have applied for:		
Please provide typed responses to the questions below and In your answers, do not give any personal identifying infor- answers to nor more than four (4) double spaced pages and	mation. Please limit your typed	
 What is your intended field of study or major and why h What do you like most about this field of study? What are your future academic and career goals? 	ave you chosen this field?	
4. What opportunities would you like to have in your area	of study at Darton State College?	
Mail this form and supplemental, required documentation t	o:	
Darton State College Foundation Scholarships PO Box 70515 Albany, GA 31708-0515.		
OR		
You may drop off your completed application and supporting documentation to the Office of Institutional Advancement, 2400 Gillionville Rd. Albany Ga. 31707		
You may also email your completed documentation in one <u>Darton.foundation@gmail.com</u> . "Attention Scholarship Co		
For inquiries or information, you may email <u>Darton.founda</u>	tion@gmail.com.	
OFFICE USE ONLY Application submitted GF		
Major verified	Hours verified	
Financial aid verified	Award notes:	