

Jennifer Lynn Olson Memorial Scholarship Application

PLEASE PRINT: Before completing this form, please read the instructions and guidelines.

Applicants must be eligible for admission to the University of West Georgia

Name _____ Social Security/ID Number _____
(Last) (First) (Middle)

Mailing Address _____ Telephone Number _____
_____ County of Residence _____

High School Attended _____

Extracurricular Activities _____

How would receiving this scholarship affect your future? _____

Signature of Applicant

Date

THE DEADLINE TO SUBMIT THIS APPLICATION IS FEBRUARY 1st, 2012. PLEASE SUBMIT IT TO THE FOLLOWING ADDRESS:

Mail it to:

University of West Georgia
Office of Admissions
Mandeville Hall
Carrollton, Georgia 30118

OR

Fax it to:
678.839.4747

OFFICE USE ONLY

High School GPA _____ SAT/ACT Verbal _____ SAT/ACT Math _____ SAT/ACT Total _____ Financial Need _____