



Southern Middle Tennessee Association of REALTORS
Scholarship Application – 2010
\$500 Scholarship

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This scholarship is restricted to students graduating from high school in Giles, Lawrence, Lewis, Lincoln, Marshall, Maury, Perry and Wayne County in Southern Middle Tennessee.  
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DEADLINE FOR SUBMISSION to SMTAR Scholarship Foundation: 4:00p.m. on APRIL 20, 2010
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**SECTION I: Information to be supplied by applicant: (please print or type)**

Name: \_\_\_\_\_  
                    First                                            Middle                                            Last

Date of birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Full name of parent or guardian: \_\_\_\_\_

Permanent Address of parent or guardian:

\_\_\_\_\_  
Street                                                                                            City                                                                                            Zip

Telephone number(s) of parent or guardian: home: \_\_\_\_\_ cell: \_\_\_\_\_

County of legal residence: \_\_\_\_\_

What high school do you currently attend: \_\_\_\_\_

This high school is located in what county? \_\_\_\_\_

In the space below, briefly summarize your school and community achievements and activities. List organizations of which you are, or have been, a member and any offices held. Use separate sheet(s) if necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



What college, university or vocational school do you plan to attend: \_\_\_\_\_

What will be your major course of study and what are your educational plans:

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Do you have any special financial needs that the Scholarship Committee should know about:

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What was the adjusted gross income for your parent(s) or guardian(s) for last year: \_\_\_\_\_

**The applicant herewith consents that the Scholarship Selection Committee be fully informed as to the applicant's scholastic standing, character, and any other factors that may have a bearing on this application.**

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**Signature of Applicant**

**Date**

**AFTER COMPLETING THIS SECTION OF THE APPLICATION, PRESENT THE ENTIRE FORM TO YOUR SCHOOL COUNSELOR FOR CERTIFICATION.**

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**SECTION II: Information to be supplied by Guidance Counselor:**

Name of applicant: \_\_\_\_\_

This is to certify that the above named applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_ and has an accumulative GPA of \_\_\_\_\_.

The applicant has taken the following college entrance examination(s):

|              |            |
|--------------|------------|
| _____        | _____      |
| Name of Test | Test Score |
| _____        | _____      |
| Name of Test | Test Score |

Date of Awards Day and/or High School Graduation:  
Awards Day: \_\_\_\_\_ Graduation: \_\_\_\_\_

If selected, when may we present the scholarship to the student?(please check one):  
Awards Day \_\_\_\_\_ Graduation \_\_\_\_\_

\_\_\_\_\_  
**Signature of Guidance Counselor** **Telephone Number**

**PLEASE RETURN COMPLETED APPLICATION TO:**

**SOUTHERN MIDDLE TENNESSEE ASSOCIATION OF REALTORS  
ATTENTION: SCHOLARSHIP SELECTION COMMITTEE  
304 RIVER ROAD  
COLUMBIA, TN 38401**

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