



Butts County Partners for Smart Growth
Educational Scholarship Application

#1. Contact Information:

- Applicants Name & Age _____
- Address _____
- Parents Names _____
- Contact Phone Number _____

#2. Educational Information:

- School Attending _____
- Transcript of grades (have mailed by appropriate school personnel to BCPSG, PO Box 1051, Jackson, Ga, 30233)

#3. Community Involvement:

- list community groups and activities in which you have participated (civic/volunteer, clubs, sports, church, etc.)

- described your involvement and accomplishments (personal or group), during your period of involvement.

#3. Honors or Achievements:

- list any of your individual honors or achievements, academic, career/work or personal.

#4. Personal Goals:

- name the educational institute you plan to attend _____
- describe you educational goals _____

- describe your career goals _____

Applicants Signature: _____

Date: _____

Return Completed Application & Transcript to: Must Be Postmarked by
March 15, 2019 Partners for Smart Growth P.O. Box 1051 Jackson, Ga. 30233