

Elbert County Gun Club, Inc.

1239 Ruckersville Rd

P.O. Box 126 Elberton, Georgia 30635 706-540-8385

www.elbertcogunclub.com

elbcogun@bellsouth.net

NAME: _____

ADDRESS: _____

E-MAIL: _____

Telephone: _____ Date of Birth: _____

FATHER: _____

MOTHER: _____

SCHOOL: _____

GRADE: _____ GPA/SCALE: _____ SAT/ACT SCORE _____

RANK/CLASS SIZE: _____ COURSE OF STUDY: _____

EXTRACURRICULAR ACTIVITIES

LIST MEMBERSHIPS IN SCHOOL RELATED ORGANIZATIONS

LIST ELECTED LEADERSHIP POSITIONS HELD IN HIGH SCHOOL AND WHEN

LIST ACTIVITIES WITH COMMUNITY LEADERSHIP AND/OR INVOLVMENT

LIST AWARDS RECEIVED FOR SCHOOL OR COMMUNITY INVOLVEMENT

LIST JOB EXPERIENCE

You may attach additional sheets to complete any of the above questions.

Write a brief **ESSAY** and tell why you should receive this scholarship.

Include three (3) **LETTERS OF REFERENCE** with this application. One letter **MUST** be from a High School Teacher or College Instructor. These letters can **NOT** be from relatives of the applicant. Please include reference's phone number, address, and how you know this person.

Attach a one-page letter outlining your future plans, goals, financial need and any other information that you think is important for the committee to review.

BY SIGNING THIS APPLICATION, I HEREBY GRANT ELBERT COUNTY GUN CLUB PERMISSION TO CONTACT ANY AFOREMENTIONED PERSONS IN REGARDS TO THIS APPLICATION.

**ALSO, I GRANT ELBERT COUNTY GUN CLUB THE UNCONDITIONAL
RIGHT TO USE MY NAME, PHOTOGRAPH AND ESSAYS IN CONNECTION
WITH ANY PUBLICATIONS.**

Signature of Applicant

Date

**PLEASE RETURN THE COMPLETED APPLICATION, ESSAY, AND LETTERS
OF REFERENCE BY March 24, 2024. MAIL TO:**

**Elbert County Gun Club
PO Box 126
Elberton, GA 30635**