

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 26, 2020. MAIL TO:

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