



**The Donna Adams Mahaffey Scholarship
Application 2017-2018**

Thank you for your interest in applying for the Donna Adams Mahaffey Scholarship. This scholarship is available to female students who have attended Riverwood International Charter School and North Springs Charter School for at least two (2) years, demonstrate financial need, have a numeric average of at least 79 out of 100, will be enrolled in and attend a non-profit, technical, associate or 4-year college or university accredited by the University System of Georgia, are legal residents, and meet the additional requirements below.

Please fill out the following required information and sign the form to submit it to the Sandy Springs Perimeter Chamber Civic Fund Scholarship Selection Committee by February 23, 2018. The Scholarship Selection Committee will award four students with \$1,000.00 awards.

Part I:

First Name:		Middle Initial:	Last Name:
Current Age:		Gender (please note only female students may apply):	
	Parent/Guardian First, Last Name:		
	Parent/Guardian Street Address:		
	Parent/Guardian City, State, Zip:		
	Parent/Guardian Email & Phone:		
Applicant Mailing Address: <input type="checkbox"/> Same as Parent/Guardian			
Applicant City, Street, Zip: <input type="checkbox"/> Same as Parent/Guardian			
Applicant Email Address:			
Applicant Phone Number:			
High School Currently Attending (select one): <input type="checkbox"/> Riverwood International Charter School <input type="checkbox"/> North Springs Charter High School		Number of years attending this high school, including current year (students must attend this school for a minimum of 2 years):	
Cumulative, Numeric Grade Point Average (on 100 point scale):			
I am a US Citizen or have Permanent Resident or Resident Alien Status:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
I have completed the FAFSA form and have an ID:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
I am currently eligible to receive free and/or reduced meals at my school:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
I am planning to attend one of the following non-profit, technical, associate or 4-year college or university accredited by the University System of Georgia:			
1.			
2.			

3.
4.
I am planning to enroll for the following semester of the year 20____: <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter
List any other scholarships or monetary rewards that you have received:

Part II:

- **Typewritten** essay (max 500 words) – please attach paper copy
 - Please explain why you have a desire to continue your education and describe any financial need.
 - Please attach to this application.

Part III:

- Applicants must have two (2) **typewritten** letters of recommendation from **non-relatives** (max 500 words). Non-relatives include employers, teachers, pastors, etc.
- Recommendations must be sent to The Sandy Springs Perimeter Chamber (address below).

Non-Relative Recommendations (example: teacher, employer, pastor, etc.) – max 500 words:	
Recommendation 1:	First Name, Last Name:
Address, City, State, Zip:	
Phone Number:	Ok to Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Relationship to Applicant:	
Recommendation 2:	First Name, Last Name:
Address, City, State, Zip:	
Phone Number:	Ok to Contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Relationship to Applicant:	

Return completed applications (and instruct recommendation letters to be sent) by fax, mail, or email to:

The Donna Adams Mahaffey Scholarship
 c/o The Sandy Springs Perimeter Chamber
 6 Concourse Parkway, Suite 3300
 Sandy Springs, GA 30328

 Phone: 678.443.2990 (Tina Blount)
 Fax: 678.443.2993 (Attention: Tina Blount)
 Email: tina@sandysprings.org

STUDENT/PARENTAL/LEGAL GUARDIAN CONSENT FORM

According to the Federal Family Rights and Privacy Act of 1984, no information about a student's academic performance may be disclosed without the written consent of the student, if she is 18 years of age or older, or the consent of her parent or legal guardian if the student is under the age of 18. Therefore, to complete the application for the Donna Adams Mahaffey Scholarship, this consent form must be signed prior to the school registrar/principal/guidance counselor verifying your academic and other personal information (free and/or reduced lunch eligibility and citizenship status) to the Donna Adams Mahaffey Scholarship Committee.

I, _____, have read and understand the conditions

(Student Name)

of the Donna Adams Mahaffey Scholarship. I give permission to officials of my current high school to release to the Donna Adams Mahaffey Scholarship Committee verification of my academic record and other personal information requested for consideration in the Donna Adams Mahaffey Scholarship program, including my eligibility for the free and/or reduced meals program at my high school. I understand that this application will be available only to qualified people on the Committee who need to see it in the course of their duties. I waive my right to have access to the letters of recommendation written on my behalf. If awarded a Donna Adams Mahaffey Scholarship, I plan to attend the non-profit, technical, associate or 4-year college or university accredited by the University System of Georgia as listed in my application. I affirm that all of the information contained in this application is true and accurate to the best of my knowledge and belief.

I release to the Sandy Springs Civic Fund and to the Donna Adams Mahaffey Scholarship Committee the right to use my name, picture, essay, and other information contained in this application for the Sandy Springs Civic Fund and Donna Adams Mahaffey Scholarship Committee publications, reports and/or press releases and other print and video media.

Student Signature: _____ **Date:** _____

Printed Name: _____

Parent/Legal Guardian must complete this part of the application if the student applicant is under 18 years of age.

I hereby confirm that I am the parent or legal guardian of the above named student applicant who is under the age of 18. By signing this Consent, I am giving my consent: (i) to my daughter's high school to disclose and release all pertinent scholastic, educational and personal information regarding my daughter requested by the Donna Adams Mahaffey Scholarship Committee, including whether she is eligible for the free and/or reduced meal program at her high school; (ii) to allow the Sandy Springs Civic Fund and to the Donna Adams Mahaffey Scholarship Committee the right to use my daughter's name, picture, essay and other information contained in this application for the Sandy Springs Civic Fund and the Civic Fund's Donna Adams Mahaffey Scholarship Committee publications, reports and/or press releases and other print and video media.

I understand and acknowledge that the consent provided in this Consent shall be valid for my child's academic and personal information as of the date of my signature below, and shall remain valid and in effect until she graduates from high school, or I withdraw my consent, which I may do at any time.

I also confirm that I have reviewed my child's application for the Donna Adams Mahaffey Scholarship and, to the best of my knowledge and belief, all of the information provided by my daughter in the application (including her citizenship status) is accurate and complete.

[Please circle whether you are the student applicant's parent or legal guardian.]

Parent/Legal Guardian Signature: _____ **Date:** _____

Parent/Legal Guardian Printed Name: _____