## **Blairsville Cruisers Car Club Official Scholarship Application**

All questions must be answered completely and printed legibly to be considered

Name of Applicant			
Home Address	City _		, Ga
Home Telephone#	or Cell #_		
Current GPA High Sch	nool		
Proposed Field of Study			
Institution planning to attend			
Will you drive to campus? YES	NO		
Mother's name		Check if de	eceased
Father's name		Check if de	eceased
Applicants Age (minimum 18 years	old to qualify)	_ D.O.B	//
Applicants Status (check one) M	arried Single		
Signature of Applicant		Date	// 20
Attach the following to the application on separate sheets: (sign/date each sheet)			
1. Written statement explaining your interest and participation in the automotive hobby and your interest in a career in an automotive field.			
2. A statement indicating circumstances making financial aid necessary.			
3. Please state any additional scholarships or aid available to you (if any).			
4. Please list school or community activities you have participated in or offices you have held.			