**Family Support Council**

**Elaine Butler Memorial**

**2019 – 2020 Freshmen Scholarship**

Students who are graduating from Murray County High School or North Murray High School and have applied to and been accepted by a college for the 2019 – 2020 academic year may apply for the Elaine Butler Memorial Scholarship. Preference will be given to students who have been raised by their grandparent(s) and are planning to pursue a career in service to others; however, other students are encouraged to apply. This scholarship is available regardless of HOPE, Pell Grant, or other financial status. This is a $500.00 scholarship.

Scholarship application and supporting materials must be received in the Murray County High School Counseling Office by April 12, 2019. It is the applicant's responsibility to ensure that the application and supporting materials are complete and have been received by the application deadline.

A complete application for the Elaine Butler Memorial Freshmen Scholarship will include the following:

* Elaine Butler 2019 – 2020 Freshmen Scholarship Application.
* Two Scholarship Applicant References: one from a high school teacher and one from a community member who have direct knowledge of the applicant's character and potential.
* An essay of not more than 400 words – typed, double-spaced – on what your interest is and plan to pursue a career in service to others.
* A complete high school transcript showing most recent courses and current course schedule.

Finalists will be contacted for an interview.

Incomplete applications will not be considered. Return the application and supporting materials by April 12, 2019 to:

Murray County High School

Counseling Office

The recipient of the scholarship will be advised of their award status by their school counselor.

The Family Support Council Elaine Butler Memorial Scholarship is awarded for one academic year and is disbursed in one payment. This scholarship requires full-time enrollment status. In the event that a scholarship recipient fails to maintain the academic and enrollment criteria of the scholarship, the award will not be disbursed and repayment will be required at the discretion of the Family Support Council. This scholarship requires that the recipient attain at least a 2.0 GPA each semester of the award and maintain a minimum 2.5 cumulative GPA.

**Family Support Council**

**Elaine Butler Memorial**

**2019 – 2020 Freshman Scholarship Application**

*Please type or print. All fields must be complete for application to be considered.*

**Personal Information**

Circle one: Mr. Mrs. Miss

Name: \_\_\_\_\_\_\_\_\_\_\_ Preferred Name:

Last First Middle

High School ID number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_

Email address: Telephone number: \_\_\_\_\_\_\_\_\_\_

home cell

Mailing Address: \_\_\_ \_\_\_\_\_\_\_\_\_\_

Number Street Apt #

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: Zip Code:

Marital status: Single Married Number of dependents:

Are you a legal resident of the USA? Yes No

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_

School Name City State

Date of graduation:

Were you raised by your grandparent(s)? Yes No

If Yes, Grandparent(s) name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grandparent(s) address:

number Street Apt #

City: State: Zip Code:

Please list your past service activities/volunteer involvement including date of service and location:

\_\_\_\_\_\_\_\_\_

**Academic Information**

Intended college major:

Name of college(s) where you have been accepted:

Enrollment Status for 2019 – 2020: (circle one) Full time Part time

Expected graduation date: (circle semester and write year) Spring Fall Summer Year:

**Disclosure Statement**

**The information in this application is true and accurate. I authorize the Family Support Council to release any information and in this application and its supporting materials to the Elaine Butler Scholarship Committee for the purposes of evaluating this application during the scholarship award and/or review process. I authorize the use of my name and other non-financial information related to this application for public relations purposes as deemed necessary and appropriate by the Family Support Council and/or its assignees. Upon submission of this application, I waive my right of access to it and its supporting materials.**

Signature: Date (month/day/year):

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**Teacher Recommendation**

Elaine Butler was a champion to children and families of Murray County.  In order to honor her memory we want to provide financial assistance to a student who plans to further their education pursuing a field in which they might serve others.  Please share with us your knowledge of this student's community service and character as well as any other information you feel may be helpful as we consider this individual as a recipient of the Elaine Butler Memorial Scholarship for 2019-2020. References must be received by the Family Support Council, P.O. Box 1707, Dalton, GA 30722-1707 no later than April 12, 2019.

Reference

Name: High School:

Last First M.I.

Mailing Address:

Number Street Dept. or Room#

City: State: Zip Code: Telephone:

Signature: Date:

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**Community Member Recommendation**

Elaine Butler was a champion to children and families of Murray County.  In order to honor her memory we want to provide financial assistance to a student who plans to further their education pursuing a field in which they might serve others.  Please share with us your knowledge of this student's community service and character as well as any other information you feel may be helpful as we consider this individual as a recipient of the Elaine Butler Memorial Scholarship for 2019-2020. References must be received by the Family Support Council, P.O. Box 1707, Dalton, GA 30722-1707 no later than April 12, 2019.

Reference

Name: Relationship to applicant:

Last First M.I

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number Street

City: State: Zip Code: Telephone:

Signature: Date: