

THE WESLEY G. ADAIR SCHOLARSHIP

Mr. Wesley G. Adair established this scholarship fund through his Will to assist “worthy and needy” Barrow County students who wish to attend college or vocational school.

The recipients of the awards and the amount of the awards (each not to exceed \$ 5,000 per scholastic year) will be determined by a designated board of directors.

To qualify, applicant must:

- A. Be a resident of Barrow County or may be a lineal descendant of
Mr. Wesley G. Adair.
- B. Provide a copy of the acceptance letter from college or vocational school.
- C. Be able to establish financial need.
- D. Complete this application and attach to it:
 - **High school transcript or college or vocational school transcript if already enrolled.**
 - Two or more letters of recommendation. Letters are not necessary if you have already received the scholarship and you are applying for the next school year. Letters should include information relating to the student’s character, initiative, home background and any other relevant information. Suggested sources for letters are as follows: School counselor, teacher, administrator and/or an individual outside of school (cannot be a family member).

All applications, including transcripts and letters of recommendation, must be submitted and postmarked no later than June 1, 2014. If you are unable to make this deadline, please contact me.

Please send to: Shelley L. Smith
Synovus Trust Company, N.A.
P. O. Box 1747
Athens, GA, 30603-1747
706-357-7102

THE WESLEY G. ADAIR SCHOLARSHIP APPLICATION

(1) Full Name _____
 (First) (Middle) (Last)

Home Address _____

Phone _____

Date of Birth ____ / ____ / ____ Birthplace _____ Female ____ Male ____

(2) Name and Address of School you now attend:

(3) Date you will graduate from present school ____ / ____ / ____

(4) How long have you resided in Barrow County? _____

(5) Father's Name _____ Check if Deceased ____

Home Address _____

Occupation _____

(6) Mother's Name _____ Check if Deceased ____

Home Address _____

Occupation _____

(7) Step-Parent/Guardian _____

Home Address _____

Occupation _____

(8) Brothers and Sisters: Names, ages and schools attending:

<u>Name</u>	<u>Age</u>	<u>School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any scholarship(s) and/or financial aid you have been awarded or for which you have applied.

Are you eligible to receive the Hope Scholarship? _____

Where do you plan to continue your education, why did you select this school, and what are your career goals now and for the next 10 years?

Describe your extra-curricular activities. (This includes school, church and community involvement.) Include offices held and honors or awards.

List any academic honors or awards.

Are you presently employed? _____ If so, where? _____

List other part-time jobs you have held. _____

Describe other work responsibilities at home (family, farm, other). _____

Will your parent/guardian assist you financially in continuing your education? _____

If yes, how much? _____

Please check the range of your family's income:

- under \$ 15,000 \$ 15,000 - \$ 20,000 \$ 21,000 - \$25,000
 \$ 26,000 - \$ 30,000 \$31,000 - \$ 35,000 \$ 36,000 - \$ 49,000
 \$ 50,000 - \$ 60,000 over \$ 60,000

*Finalists may be required to submit family's present year tax return.

How much assistance do you estimate that you need from this scholarship fund to be able to continue your education? Be specific as you describe needs and amounts such as tuition, books, housing, etc. _____

I, the applicant, certify the above information to be true and correct.

Signature of Applicant

Date of Application

Email Address: _____