

**JAMES M. DYE FOUNDATION SCHOLARSHIP APPLICATION**  
**2017-2018 ACADEMIC YEAR**

**APPLICANTS MUST HAVE ALREADY BEEN ACCEPTED BY SOUTH GEORGIA STATE COLLEGE AND HAVE FILED A CURRENT FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA). SCHOLARSHIPS ARE AVAILABLE FOR FALL AND SPRING SEMESTERS ONLY.**

NAME \_\_\_\_\_ M/F \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_  
LAST FIRST MIDDLE NICKNAME

ADDRESS \_\_\_\_\_  
STREET OR ROUTE CITY STATE ZIP COUNTY

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

YEAR GRADUATED FROM HIGH SCHOOL/ATTAINED GED \_\_\_\_\_ NAME OF HIGH SCHOOL \_\_\_\_\_

2017 HIGH SCHOOL GRADUATES ONLY: GPA \_\_\_\_\_ HONOR \_\_\_\_\_ SALUTATORIAN \_\_\_\_\_ VALEDICTORIAN \_\_\_\_\_

MAJOR AREA OF STUDY AT SOUTH GEORGIA STATE COLLEGE \_\_\_\_\_

IF EMPLOYED, NAME OF EMPLOYER \_\_\_\_\_

MOTHER'S NAME & EMPLOYER (IF YOU ARE A DEPENDENT) \_\_\_\_\_  
NAME EMPLOYER

FATHER'S NAME & EMPLOYER (IF YOU ARE A DEPENDENT) \_\_\_\_\_  
NAME EMPLOYER

DO YOU LIVE WITH YOUR PARENTS? \_\_\_\_\_ NUMBER OF BROTHERS \_\_\_\_\_ NUMBER OF SISTERS \_\_\_\_\_

NAME OF SCHOLARSHIP (IF KNOWN) \_\_\_\_\_

DID YOU RECEIVE A FOUNDATION SCHOLARSHIP FOR THE 2016-2017 ACADEMIC YEAR? YES \_\_\_\_\_ NO \_\_\_\_\_

**IF YOU DID NOT SUBMIT THESE DOCUMENTS DURING THE 2016-2017 ACADEMIC YEAR, ATTACH THE FOLLOWING TO YOUR APPLICATION:**

1. ONE PAGE ESSAY EXPLAINING WHY YOU NEED A JAMES M. DYE FOUNDATION SCHOLARSHIP
2. LIST OF SCHOOL EXTRACURRICULAR ACTIVITIES (CLUBS, HONORS, OFFICES HELD, ETC.)
3. LIST OF VOLUNTEER ACTIVITIES (CHURCH, COMMUNITY, SOUTH GEORGIA STATE COLLEGE, ETC.)
4. TWO LETTERS OF RECOMMENDATION FROM PERSONS OTHER THAN RELATIVES

**NEW APPLICANTS: YOUR FOUNDATION SCHOLARSHIP APPLICATION WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS!**

I FULLY UNDERSTAND THAT MY JAMES M. DYE FOUNDATION AWARD MAY BE REDUCED OR RESCINDED BASED ON MY FINANCIAL AID AWARD OR FAILURE TO MEET FOUNDATION REQUIREMENTS. I GIVE MY CONSENT FOR THE JAMES M. DYE FOUNDATION TO REVIEW MY STUDENT RECORDS AND TO DISCUSS THEM WITH POTENTIAL DONORS.

STUDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

(OFFICE USE ONLY) \_\_\_\_\_

**RETURN TO:**  
**JAMES M. DYE FOUNDATION, INC.**  
**2001 SOUTH GEORGIA PARKWAY**  
**WAYCROSS, GA 31503**

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(912) 449-7510 (phone)  
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