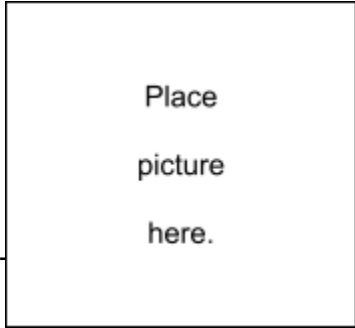


# *The Quinton Prince Scholarship Application*

*Carroll County Association of Educators*

*164 Independence Drive Carrollton, GA 30116*



**Name (Last, First, M.I.):** \_\_\_\_\_

**Address (Street Address):** \_\_\_\_\_

**(City, State, Zip):** \_\_\_\_\_

\*\*\*\*\*

**School Presently Attending:** \_\_\_\_\_

**Expected Date of Graduation:** \_\_\_\_\_

**GPA:** \_\_\_\_\_ **Class Rank:** \_\_\_\_\_

**Honors/Awards:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Extracurricular Activities/Hobbies:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Community Interests:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What is your career goal or ambition?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## *The Quinton Prince Scholarship Application*

\*\*\*\*\*

College/University you plan to attend: \_\_\_\_\_

Have you been accepted for enrollment? \_\_\_\_\_

Primary source of funding for college: \_\_\_\_\_

\*\*\*\*\*

Parent/Guardian Name and Occupation: \_\_\_\_\_

Parent/Guardian Name and Occupation: \_\_\_\_\_

Member of GAE/CCA:  Both Parents  Father  Mother  None

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*As part of your application response, you are requested to prepare and attach an essay of no more than 500 words addressing the following question:**

**“Why do you feel you should receive the Quinton Prince Scholarship?”\*\*\***

\*\*\*\*\*

Executive Committee Use Only

Approved \_\_\_

Notes