



2019 ACGS SCHOLARSHIP **APPLICATION**

APPLICATIONS MUST BE SUBMITTED ELECTRONICALLY

Applications must be received by **April 1, 2019**.

Applications received after the above date will not be accepted.

(Revised 11-02-18)

Submit to: Danie Turner, Chair

dturner@icuf.org

Amy Fleming

amy.e.fleming@vanderbilt.edu

Martha Smith

smithsewanee@comcast.net

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Email Address: _____

Parent/Guardian Name, Address & Phone number, if different from above:

Indicate your lineage as: a MacGregor, a widow or widower of a MacGregor; a sept of a MacGregor; or are of Scottish or Scotch/Irish descent.

Name and address of high school or post-secondary institution last attended:

GPA: _____ **SAT/ACT/GRE or other score:** _____

Name and address of school/college/university for which educational assistance is being requested:

Year entering:

Freshman **Sophomore** **Junior** **Senior**

Graduate/Professional

Major course of study if determined: _____

Please attach with this application:

- a cover letter in which you introduce yourself. Include any academic honors/awards, activities, memberships, honor classes, community/civic involvement, significant employment, etc.;
- three (3) letters of recommendation, one of which must be from someone other than a teacher, and none can be from a family member;

- a notice of acceptance at the post-secondary institution to which you are applying or attending.

REMEMBER:

- Scholarship recipients must maintain at least a 2.0 undergraduate GPA or a 3.0 graduate/professional GPA while receiving educational assistance.
- Scholarship recipients must forward in writing to the Chair of the Board of Trustees an academic progress report at the end of each semester. This report may be an unofficial transcript.
- Scholarship recipients must sign a consent to release educational information, within the limits of the Family Educational Rights and Privacy Act (FERPA). The signature below is evidence of giving such consent.

Signature: _____

Date: _____