



# 2020 ACGS SCHOLARSHIP APPLICATION

## Revised October 2019

APPLICATIONS MUST BE RECEIVED BY THE SCHOLARSHIP COMMITTEE BY APRIL 1, 2020.  
APPLICATIONS RECEIVED AFTER THAT DATE WILL NOT BE ACCEPTED.  
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

**Please submit your application by U.S. Mail only.**

Submit to: Mrs. Danie Turner, ACGS Scholarship Chair  
3120 North Shannon Lakes Drive  
Tallahassee, Florida 32309-2334  
Phone: (850)-681-3188 Ext. 201 (9am-5:30pm)

The following must be submitted with your application for scholarship:

- A cover letter in which you introduce yourself. Include any academic honors/awards, activities, memberships, honor classes, community/civic involvement, significant employment, etc.;
- A copy of your most current transcript that includes your GPA;
- Proof of SAT/ACT/GRE score;
- Three (3) signed letters of recommendation, one of which must be from someone other than a teacher, and none can be from a family member (letters must include contact information for the person making the recommendation);
- A notice of acceptance at the post-secondary institution to which you are applying or are currently 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 academic 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) to confirm the information provided by this application. The signature below is evidence of giving such consent.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you previously received an ACGS Scholarship? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, when? \_\_\_\_\_

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 Scots-Irish descent. Please include ACGS member number, if applicable.

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

ACGS MEMBER NUMBER: \_\_\_\_\_

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

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

GPA: \_\_\_\_\_ SAT SCORE: \_\_\_\_\_ ACT SCORE: \_\_\_\_\_ GRE SCORE: \_\_\_\_\_

*(Proof of GPA, SAT, ACT and/or GRE Score must be provided.)*

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

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

Year entering:

Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ Grad/Prof: \_\_\_\_\_

Major course of study if determined: \_\_\_\_\_

**REMEMBER, LATE AND/OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

**YOUR APPLICATION MUST BE RECEIVED BY THE SCHOLARSHIP COMMITTEE NO LATER  
THAN APRIL 1, 2020.**