



## REALTOR® Good Works Foundation

The REALTOR® Good Works Foundation is the philanthropic arm of Williamson County Association of REALTORS® .

Transcript Attached  Letters of Recommendation	<b>2019 SCHOLARSHIP APPLICATION FORM</b>	Interview Date: _____ Time: _____ Interviewers: _____
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**Legal Name:** \_\_\_\_\_ **Nickname (if any)** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Email :** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**High School Attending:** \_\_\_\_\_ **Graduation Date:** \_\_\_\_\_  
**College (s) to which you have been accepted:** 1. \_\_\_\_\_ 2. \_\_\_\_\_  
**If you have applied but not yet been accepted, list those colleges:** \_\_\_\_\_  
 \_\_\_\_\_  
**Career Choices:** 1. \_\_\_\_\_ 2. \_\_\_\_\_  
**G.P.A.** \_\_\_\_\_ **S.A.T. Score:** \_\_\_\_\_ **A.C.T. Score:** \_\_\_\_\_  
**Absences this year:** \_\_\_\_\_  
**List all grants/scholarships applied for:**  
 \_\_\_\_\_ Applied \_\_\_\_\_ Received \_\_\_\_\_  
 \_\_\_\_\_ Applied \_\_\_\_\_ Received \_\_\_\_\_  
 \_\_\_\_\_ Applied \_\_\_\_\_ Received \_\_\_\_\_  
 \_\_\_\_\_ Applied \_\_\_\_\_ Received \_\_\_\_\_  
 \_\_\_\_\_ Applied \_\_\_\_\_ Received \_\_\_\_\_  
**School honors, awards, offices held:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Outside Activities (sports, volunteer work, church, family):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Employment:** \_\_\_\_\_ **Approx. # hours worked in a week** \_\_\_\_\_

**RGWF SCHOLARSHIP APPLICATION FORM—PAGE 2**  
**PLEASE COMPLETE ONLY IN SPACE PROVIDED.**

**Annual family income (adjusted gross income on 1040):**

\_\_\_ Under \$40K \_\_\_ \$40K-\$80K \_\_\_ \$80K-\$120K \_\_\_ \$120K-\$160K \_\_\_ \$160K-\$200K \_\_\_ \$200,000+

**Household Size—Circle One (all members of household including yourself):**

2      3      4      5      6      7      8      More than 8

**Mother's Name and Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Mother's Employer:** \_\_\_\_\_

**Father's Name and Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Father's Employer:** \_\_\_\_\_

<b>Brother/Sisters:</b>	<u>Name</u>	<u>Age</u>	<u>School Attending</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

**Delivery by mail or in person—no later than Monday, April 15, 2019 to:**  
**Williamson County Association of REALTORS®**  
**Attn: Scholarship Committee**  
**1646 Westgate Circle, Suite 104**  
**Brentwood, TN 37027**  
**Phone: 615-771-6845 Fax: 615-771-6621**  
**(Visit <http://wcartn.org> and click About/Contact us for directions)**

**NOTE: The information provided on this application and during the application/reviewing processes is confidential, shared only with approved members of the WCAR Scholarship Committee unless otherwise approved by the applicant.**

**RGWF SCHOLARSHIP APPLICATION FORM—PAGE 3**  
**PLEASE ANSWER EACH QUESTION ONLY IN SPACE PROVIDED.**

**1. Why are you applying for the RGWF Scholarship?**

**2. What is the most significant event that has occurred in your life?**

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**PLEASE ANSWER EACH QUESTION ONLY IN SPACE PROVIDED.**

**3. Where do you see yourself in 5 years?**

**4. What do you intend to do to serve and enhance your community?**

**Date of Submitted Application** \_\_\_\_\_

**The undersigned student and parent (s) acknowledge that the Scholarship funds are to be user for degree-seeking program in a regionally accredited post-secondary institution. If Scholarship funds are not being user for a regionally accredited post-secondary, the undersigned student and parent (s) acknowledge that this Scholarship may be rescinded at any time.**

**Student Name**

\_\_\_\_\_

**Student Signature**

\_\_\_\_\_

**Parent Name**

\_\_\_\_\_

**Parent Signature**

\_\_\_\_\_

**Parent Name**

\_\_\_\_\_

**Parent Signature**

\_\_\_\_\_