

## SATILLA REMC FOUNDATION SCHOLARSHIP STUDENT VERIFICATION

Completed application must be signed by school counselor and returned to Satilla  
REMC by **March 13, 2026.**

Name of High School \_\_\_\_\_

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (including area code) \_\_\_\_\_ Social Security No. xxx-xx-\_\_\_\_\_ (last 4 digits only)

Cell Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

I \_\_\_\_\_ will graduate this spring and plan to continue my education in college in the summer or fall of 2026. I understand that the scholarship will be sent directly to the college or university upon my acceptance and subsequent enrolling in said institution. Reimbursement for eligible expenses will be made by the institution through the institution's normal disbursement policy.

## SATILLA REMC FOUNDATION SCHOLARSHIP COUNSELOR'S VERIFICATION

Student Name \_\_\_\_\_

Overall High School GPA \_\_\_\_\_

Counselor's Signature \_\_\_\_\_

# STUDENT APPLICATION

List your involvement in School Activities. Include all school-related activities in which you gave of your time or talents to better your school.

[illegible]

[illegible]

[illegible]

[illegible]