

Peach County Retired Educators Association
Mamie Miller Memorial Scholarship

Application Form

Please Print!

Student's Name: _____

Parent/Guardian Name: _____

Address: _____

Telephone #: _____ Cell #: _____

Check one: _____ High School Student

_____ College Student

Act Score attached (American Collegiate Test)

SAT Score attached (Scholastic Aptitude Test)

Grade Point Average: _____

Activities: Sports, Clubs, drama, etc.

Activity	Year	Office Held/Position
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

Community Services: List services rendered and date.

Essay: "Why I Should Receive the Mamie Miller Memorial Scholarship?"
500-700 words typed- doubled spaced

Signature & Date: _____