

# Dr. Charlie Watt Memorial Scholarship

Community Foundation of South Georgia, Inc.  
135 North Broad Street, PO Box 2654, Thomasville, GA 31799  
Phone: (229) 228-5088 [www.cfsga.net](http://www.cfsga.net)

## APPLICATION FOR SCHOLARSHIP

**Guidelines:** The purpose of this scholarship is to honor the memory of Dr. Charlie Watt by awarding an annual scholarship to a graduating senior from Brookwood School. Considerations for the scholarship award shall include personal leadership, association with the football program, academic record, and moral character.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ M or F (circle one)

High School CUM GPA: (check one) A(90-100) \_\_\_\_\_ B(80-89) \_\_\_\_\_ C(70-79) \_\_\_\_\_

Have you applied to college/tech school? \_\_\_\_\_ Have you been accepted? \_\_\_\_\_

Where? \_\_\_\_\_

If no, where do you plan to attend? \_\_\_\_\_

Have you taken the SAT? \_\_\_\_\_ Score \_\_\_\_\_ Have you taken the ACT? \_\_\_\_\_ Composite \_\_\_\_\_

Name athletics, activities and clubs in which you have participated in high school, the local community, and the local church:

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List positions of leadership and awards you have held in school clubs, athletics, the local community, or church: \_\_\_\_\_

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**Write at least one clear, specific paragraph explaining why you are requesting this scholarship and why you believe you should receive this scholarship. Also, please attach one recommendation from your local minister, teacher, etc. describing your leadership capability and personal character. Attach both sheets to this form.**

Signed: \_\_\_\_\_

Applicant

**APPLICATION MUST BE RECEIVED BY APRIL 1st OF THE APPLICATION YEAR  
(RETURN ALL COMPLETED APPLICATIONS TO THE GUIDANCE OFFICE)**