

**Cobb Marietta Retired Educators Association**

**Application for Fanny B. and Charlotte McClure, Peggy Whitfield, or Ruby Sewell Wright Scholarships. Please type or print. Show N/A for not applicable.**

Applicant's Last Name First Middle

Present Address City, State, Zip Code County

Telephone Email Address Social Security #

Citizenship Date of Birth

Person Who Asked You to Apply

Total Number of Scholarships Received Total Amount \$

College or University Currently Attending

Academic Classification: \_\_\_Sophomore \_\_\_Junior \_\_\_Senior \_\_\_Graduate

Cumulative Grade Point Average

Hours Completed Additional Hours Needed to Complete Degree

Attending Full Time Attending Part Time

Expected Completion Date

Field of Study Degree You Will Receive

Place of Employment

Career Objective

Date Term Begins Expenses Per Semester Tuition/Fees \$

I attest that all candidate information is complete and accurate.

SIGNATURE: DATE: