



William "Bill" Smallwood Memorial Scholarship Ben Hill County Hospital Authority Scholarship Application

Please print.

Date: _____

Name of Applicant: _____
Last First Middle

Mailing Address: _____
Street

City: _____ State: _____ Zip: _____

Telephone Number (Home): _____ Mobile: _____

Email Address: _____

Date of Birth: _____ SS Number: _____

Place of Birth: _____ US Citizen Yes No

High School Attended: _____

Anticipated Date of Graduation: _____ GPA: _____

Note: A sealed, Certified Cumulative Transcript MUST be provided.

School Offices Held (if any): _____

Extracurricular Activities: _____

Special Honors or Awards (with dates): _____



Service to Community: _____

College you will attend: _____

Career Goals: _____

If you need more space or would like to attach any other pertinent information you feel would help you qualify for our scholarship, please do.

Please sign and date below:

Applicant's signature: _____ **Date:** _____