



## Lawton Family Scholarship Fund

for graduating seniors at  
Greene County High School, Nathanael Greene Academy,  
Lake Oconee Academy, & the Greene College & Career Academy

**Application due no later than 4:30 p.m. on Friday, February 23, 2024**

*Turn in applications to the ATLAS Center, 1560 S. Main St., Greensboro*

### Application Checklist

*Checklist should be attached to the front of the application when it is turned in.*

Student: \_\_\_\_\_ School (circle): GCHS    LOA    NGA

#### To be eligible to receive the Lawton Family Scholarship, students must have:

- GPA of 3.0+ at time of application
- SAT minimum of 1050 or ACT minimum of 21
- Participation in at least one semester of an ATLAS program during grades 7-12
- Legal citizenship in the US and legal residency in Greene County

Prospective recipients must be planning to enroll **full-time** in the upcoming academic year at **either** an accredited two- or four-year degree-granting institution in the United States.

#### Below are the required elements of each student's submission:

- Completed application
- Transcripts of all high school work
- Transcripts of any college courses taken, if applicable (dual enrollment)
- Copies of all standardized test results (SAT, ACT – include **all attempts** if taken more than once)
- Copies of any scores on Advanced Placement tests, if applicable and available
- Financial Aid information (**parents must complete**)
- Counselor's Page (**counselor completes** and returns to you to include with your submission)
- Two letters of recommendation. Link: [www.atlasministry.org/the-lawton-scholarship](http://www.atlasministry.org/the-lawton-scholarship)
- Two essays (Lawton essay and ATLAS essay)
- Letters of acceptance from colleges, if available



# LAWTON FAMILY SCHOLARSHIP FUND 2023-2024 Scholarship Application

## PERSONAL INFORMATION

Name \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Student Email \_\_\_\_\_ Student Mobile \_\_\_\_\_

Student Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month Day Year City and State or Country

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Mobile \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Please Indicate:  
College you plan to attend: \_\_\_\_\_ Degree: \_\_\_\_\_

Current career plans: \_\_\_\_\_

## CITIZENSHIP

Are you currently an American Citizen?  Yes  No Are you a legal resident of Greene County?  Yes  No  
*NOTE: (Legal permanent resident status does NOT qualify. Applicant MUST be a citizen on the date the application is signed.)*

If you are a Naturalized American Citizen, give date, place (Office or Court where Naturalization occurred) and Naturalization Number. If naturalized under the Child Citizenship Act of 2000, please include your parent(s) naturalization information.

Date \_\_\_\_\_ Place \_\_\_\_\_ Number \_\_\_\_\_

If you were not born in the United States, but are a citizen by birth, briefly explain circumstances. \_\_\_\_\_

## ELIGIBILITY CRITERIA

**Applicants must meet all criteria below to be eligible for the Lawton Scholarship:**

- I am a graduating high school senior currently enrolled at (please check one)  GCHS  LOA  NGA
- I currently have a **minimum** 3.0 GPA (please check one)  Yes  No
  - If you answered **no**, please indicate your GPA here: \_\_\_\_\_
- I have an SAT of **at least** 1050 and/or an ACT of **at least** 21 (please check one)  Yes  No
  - If you answered **no**, please indicate your score(s) here: \_\_\_\_\_
- ATLAS Involvement (verify on page 2 of this application)
- Applicant must have **at least one semester of ATLAS experience** in the ATLAS Continuum while in 7<sup>th</sup> – 12<sup>th</sup> grade.



# LAWTON FAMILY SCHOLARSHIP FUND

## 2023-2024 Scholarship Application

I am currently enrolled or have been previously enrolled in one or more of the following ATLAS programs:

### ATLAS Christian Learning Center (CLC)

What year(s)? Check all that apply. Attach a separate sheet of paper if necessary to list all classes.

- Senior**  
Class(es) \_\_\_\_\_ Teacher: \_\_\_\_\_
- Junior**  
Class(es) \_\_\_\_\_ Teacher: \_\_\_\_\_
- Sophomore**  
Class(es) \_\_\_\_\_ Teacher: \_\_\_\_\_
- Freshman**  
Class(es) \_\_\_\_\_ Teacher: \_\_\_\_\_
- Middle School (Grade 7 & 8)**  
Class(es) \_\_\_\_\_ Teacher: \_\_\_\_\_

### ATLAS After-School Program

- How long were you involved? Begin date \_\_\_\_\_ End date \_\_\_\_\_ Still involved  Yes  No
- Who was your leader? \_\_\_\_\_
- How were you involved?  Participant  Volunteer

### ATLAS Early Leaders (Work Study Program)

- How long were you involved? Begin date \_\_\_\_\_ End date \_\_\_\_\_ Still involved  Yes  No
- Who was your ATLAS supervisor? \_\_\_\_\_

### ATLAS THRIVE

- How long were you involved? Begin date \_\_\_\_\_ End date \_\_\_\_\_ Still involved  Yes  No
- If you were on a CORE team, which year(s) did you participate?  7<sup>th</sup>  8<sup>th</sup>

### Additional Leadership/Personal/Faith Development opportunities through ATLAS

Please list and identify when you participated. Ex: Passion Conference, Senior year 2021. Attach a separate sheet if necessary.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Have you volunteered at ATLAS in any program in the last four (4) years?

- Yes, I have volunteered.
  - What program(s)? \_\_\_\_\_
  - What year(s)? \_\_\_\_\_
  - How often did you volunteer?  Daily  Weekly  When you were able  One time
  - What role did you play as a volunteer? \_\_\_\_\_
- No, I have not volunteered.

## ATLAS ESSAY

On a separate page, prepared a brief, typed essay explaining how your participation with ATLAS has helped you develop as a young man or a young woman. Please include concrete examples from the experience you listed above for what you learned, who you learned from, the impact on you, and why you believe the experience(s) made a difference for your future.



# LAWTON FAMILY SCHOLARSHIP FUND

## 2023-2024 Scholarship Application

### WORK EXPERIENCE

List any jobs you have held *while in high school*, starting with the most recent. Include any jobs or work-based learning/apprenticeships, even if you were not paid. Complete this section, and if necessary, attach a separate sheet following the same format.

Employer	Job Title/ Position	Related to Career Goals?	Work-based Learning/ Apprenticeship?	Approx. Dates	Average Hours per Week
		Y N	Y N		
		Y N	Y N		
		Y N	Y N		
		Y N	Y N		
		Y N	Y N		
		Y N	Y N		

### COMMUNITY SERVICE/EXTRACURRICULAR ACTIVITIES

List community service opportunities or extracurricular activities in which you participated *while in high school*, starting with the most recent. Complete this section, and if necessary, attach a separate sheet following the same format.

**NOTE:** When listing Community Service activities, please focus on the opportunities in which you participated *multiple times or over a period of time*.

Business, Company, Event or Activity (Ex: Boys & Girls Club; Southland Jubilee; Church activity; Band; BETA Club, etc.)	Specific Service or Type of Work or participation (Ex: worked at a booth; led a group in an activity; tutored students; club officer etc.)	Approx. Dates of Service	Approx. Hours Served (per event)	Related to Career Goals? (circle one)
				Y N
				Y N
				Y N
				Y N
				Y N
				Y N
				Y N



# LAWTON FAMILY SCHOLARSHIP FUND

## 2023-2024 Scholarship Application

### HONORS, AWARDS, CERTIFICATIONS

List scholastic and/or school/civic/community honors and awards received during grades 9 through 12. Check the grade in which the honor/award was received, the name of the honor/award, and the level of recognition. Please write the full name of the award or certification. Complete this section and if necessary, attach a separate sheet following the same format.

Grade Level	Honor/Award/Certifications	Level of Recognition			
		State/ School	Regional	National	Career Specific
9 10 11 12					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### LEADERSHIP

List your **principal** leadership roles **in the order of importance to you**. State the name of the activity or organization, the grade levels during which you were involved, hours-per-week of commitment, the leadership role you held, and any honor or award you received for that role. Examples include, but are not limited to, student government, yearbook, debate, orchestra/band, varsity athletics, church groups, performing arts, clubs, service clubs, etc. Complete this section and if necessary, attach a separate sheet using the same format.

Activity	Grade Level				Hours/Week	Positions Held/Honors Received/Letters Earned
	9	10	11	12		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____



# LAWTON FAMILY SCHOLARSHIP FUND

## 2023-2024 Scholarship Application

### FINANCIAL INFORMATION

**Parent/Guardian(s):** Complete the financial information section based on your **2022 IRS 1040**. Should your child become a finalist, a copy of his or her 2021 *Student Aid Report* may be required. Visit [www.fafsa.ed.gov](http://www.fafsa.ed.gov) for more information.

If parents are divorced or separated, answer the questions for the parent the applicant lived with the most in the past 12 months. If the applicant lived with both parents an equal number of days in the past 12 months, count the parent who provided the greatest amount of support, financial as well as material. Material support includes cars, clothing, medical and dental payments, etc. If that parent has remarried, the stepparent's information must be included.

If the divorce or separation occurred within the past five years and the custodial parent has not remarried, provide financial information of the non-custodial parent.\*\* If whereabouts of the non-custodial parent are unknown or the non-custodial parent is unwilling to comply, please explain in a separate statement.

Date of divorce or separation \_\_\_\_\_

Father's Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

Stepfather's Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

Stepmother's Name \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_

Custodial Parent's marital status as of today (choose one)

Mother:  Married  Single  Widowed  Separated\*  Divorced\*  Remarried\*

Father:  Married  Single  Widowed  Separated\*  Divorced\*  Remarried\*

With whom does applicant make his or her permanent home?  Mother  Father  Both  Other \_\_\_\_\_

\*For details, see the instructions above

\*\*Include stepparent's income in the appropriate section and read instructions concerning custodial parent.

A. Number of people in family, **not including parents**, who will receive the majority of parental support between Sept. 1, 2022, and Aug. 31, 2023. Include dependent children and others, e.g. dependent grandchildren, living in household who receive more than half their support from parents. \_\_\_\_\_

B. Name(s) and age(s) of dependent(s). \_\_\_\_\_

C. Number of dependent children, **including applicant**, as defined above, attending college during academic year 2022-2023 on at least a half-time bases. \_\_\_\_\_

D. Based on your **2022 IRS 1040**, indicate the custodial parent(s) adjusted gross income. Round the adjusted gross income to the nearest \$100. \$ \_\_\_\_\_

***If you have extenuating financial circumstances, please explain on a separate sheet of paper and attach it to this form.***



# LAWTON FAMILY SCHOLARSHIP FUND 2023-2024 Scholarship Application

## COUNSELOR INFORMATION

**Applicant:** Fill out your name and any pathway/certification information and *give this page to your counselor* who will return it to you to include with your application.

**Applicant Name** \_\_\_\_\_  
Last First Middle Initial

**Pathway(s):** \_\_\_\_\_ **Certifications:** \_\_\_\_\_

**Counselor:** This form will be used to accurately verify the applicant's academic status.

*If you have additional information/extenuating circumstances about this student that you think would be helpful to know, please explain on a separate piece of paper and attach it to this page.*

Please secure these items in a sealed envelope, sign across the seal, and give to the student to include with his/her application. ATLAS Ministry will not return this form to the applicant.

**GRADE POINT AVERAGE:** (GPA) (A = 4.0) \_\_\_\_\_ Highest GPA in class \_\_\_\_\_

Is the GPA based on weighted grades?  Yes  No

**CLASS RANK:** The applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_. How many students have this rank? \_\_\_\_\_  
How many rank above? \_\_\_\_\_ If exact rank is not available, indicate rank to the nearest 10th from the top \_\_\_\_\_.

**TEST SCORES** (use highest available, but *student is responsible to include official copies of all results.*)

- **ACT Composite score:** \_\_\_\_\_ **Date Taken** \_\_\_\_\_
- **SAT Composite score:** \_\_\_\_\_ **Date Taken** \_\_\_\_\_

Are **HONORS** courses available?  Yes  No Are **Advanced Placement (AP)** courses available?  Yes  No

If yes, in which subjects has the applicant taken Honors or AP courses? \_\_\_\_\_

Are **DUAL ENROLLMENT** courses available?  Yes  No

If yes, in which areas has the applicant taken courses? \_\_\_\_\_

How many dual enrollment hours has the applicant earned? \_\_\_\_\_ From what institution? \_\_\_\_\_

Is there a **COMMUNITY SERVICE** requirement to graduate?  Yes  No If yes, how many hours? \_\_\_\_\_

Has the applicant ever been suspended or dismissed from your school?  Yes  No If yes, please explain the circumstances on a separate sheet of paper and attach to this page.

Name: \_\_\_\_\_ Length of time acquainted with the applicant: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Place completed Counselor Form in a sealed envelope, sign across the seal, and return to applicant.**

**Application Deadline: Friday, February 23, 2024**



# LAWTON FAMILY SCHOLARSHIP FUND

## 2023-2024 Scholarship Application

### LAWTON ESSAY

On a separate page, prepare a typed essay on the topic below. Please double-space and use 12-pt font. Sign and date your essay at the end and include it with your application packet.

Using one of the *leadership roles, extracurricular activities, or class experiences* you prioritized as being important to you, describe the following: the impact the experience had on you; what you contributed to the role, activity, or experience; what you learned about yourself; and, how it has influenced your plans for your future.

### LETTERS OF RECOMMENDATION

As part of this application, you are required to submit **two (2) letters of recommendation**. One of these letters must be from a current or former teacher *at your school*. Consider a teacher related to your career field or one that knows about you and your work, either in or outside of school. Recommendation letters *may not* be from a relative.

These letters should be included with your application, each in a sealed envelope from your recommenders. Please provide your recommenders with this link to the ATLAS website to complete their letters. ([www.atlasministry.org/the-lawton-scholarship](http://www.atlasministry.org/the-lawton-scholarship))

### SIGNATURES

By signing this application, you agree, if asked, to provide information that will verify the accuracy of your completed form. If you purposely give false or misleading information, you will be disqualified from this process. You agree to the use of your name and information contained within the application, with the exception of financial information, for promotion and publicity of the Lawton Family Scholarship without consent or compensation.

Date \_\_\_\_\_ Student Signature \_\_\_\_\_

Student Name (Print) \_\_\_\_\_

Date \_\_\_\_\_ Parent/Legal Guardian Signature \_\_\_\_\_

Parent/Legal Guardian (Print) \_\_\_\_\_

**APPLICATION DEADLINE: February 23, 2024**