



P.O. Box 5697
Aiken, SC 29804
803.292.3830

TACKLE YOUR DREAMS

DEKODA WATSON SCHOLARSHIP APPLICATION

Our Mission... It is our mission to give back to the youth of the Central Savannah River Area through the awards of scholarships, the promotion of education and strong work ethics, the encouragement of health and fitness, and the teaching of life skills along with the development of positive character traits that will promote success and prosperity in today's youth.

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

EMAIL: _____ **PHONE:** _____

HIGH SCHOOL : _____

NAME OF PARENTS: _____ **PHONE:** _____

GRADE POINT AVG: _____ **SAT SCORES: Math** _____ **Reading & Writing** _____

What school do you plan to attend? _____

Have you been accepted? _____

Have you received or do you anticipate receiving any other scholarships? If so, list:

List academic awards/honors: _____

List school activities and major offices held: _____

List community activities: _____

Counselors, please sign that all information is accurate and attach the student's transcript to the application.

Guidance Counselor, Signature: _____

On the back of this sheet, write a paragraph explaining why you would like to receive this scholarship.

