



GATEWAY DISTRICT ADVISOR SCHOLARSHIP



Directions: Please complete this form and email it by 500 pm Friday, April 5th, 2019 to:

Sandra D. McCabe
Gateway District Scholarship Committee
mccabes@foxc6.org

Please do NOT include any supplemental information. Only the information from your responses to the questions on this form will be considered when selecting a recipient.

Please type:

Name _____ Home Phone _____

Home Address _____

City _____ State _____ Zip _____

School Name _____ School Phone _____

School Address _____

City _____ State _____ Zip _____

E-mail address _____

1. How long have you been a Student Council Advisor? _____ Year(s)
2. How long do you anticipate remaining in this position at this school? _____ Year(s)

Please answer the following questions on school letterhead:

1. Why did you become a Student Council Advisor at your school?
2. Describe your role as a Student Council Advisor.
- 3) How do you plan to utilize this scholarship and the experiences gained from Fulton?
- 4) Is there anything else you would like to tell the committee?

Signature of Advisor

Applicant Date