

Southern Middle Tennessee Association of REALTORS Scholarship Application – 2025 \$500 Scholarship

Lincoln, Mars	shall, Maury, Perry a	students graduating f and Wayne County in	Southern Midd	le Tennessee.	
DEADLINE F	OR SUBMISSION to	SMTAR Scholarshi	p Foundation:	4:00p.m. on Al	PRIL 11, 2025
		be supplied by appl			.~~~~
Name:	First	Middle		Last	
Date of birth:	<u> </u>				
Full name of	parent or guardian:				
Permanent A	ddress of parent or	guardian:			
Street			City	Zip	
Telephone nı	umber(s) of parent	or guardian: <u>home:</u>		cell:	
Student or Pa	arent e-mail address	s?			
County of leg	al residence:				
What high sc	hool do you current	ly attend?			
Address of so	chool				
In which Cou	nty is this high scho	ool located?			
		narize your school and or have been, a memb			





What college, university or vocational school do you plan to attend?	
What will be your major course of study and what are your educational	plans:
Do you have any special financial needs that the Scholarship Committee ask your parents. This information is used for selection process ONLY anyone.	
What was the <u>adjusted</u> gross income for your parent(s) or guardian(s) for	or last year ?
The applicant herewith consents that the Scholarship Selection Cor to the applicant's scholastic standing, character, and any other fact on this application.	
Signature of Applicant	Date
AFTER COMPLETING THIS SECTION OF THE APPLICATION, PRESENTO YOUR SCHOOL COUNSELOR FOR CERTIFICATION.	T THE ENTIRE FORM
DEADLINE: MAIL TO SMTAR Scholarship Foundation to reach us by:4	:00p.m. on APRIL 11, 2025.





Name of applicant: This is to certify that the above-named applicant ranks _____in a class of _____and has an accumulative GPA of ______. The applicant has taken the following college entrance examination(s): Name of Test Test Score Name of Test Test Score Date of Awards Day and/or High School Graduation: Awards Day: _____ Graduation: ____ Graduation Time: ____ If selected, when may we present the scholarship to the student? (please check one): Awards Day_____ Graduation _____ Name of Guidance Counselor (please print) **Signature of Guidance Counselor Telephone Number Email address for Guidance Counselor** PLEASE MAIL COMPLETED APPLICATION TO:

SECTION II: Information to be supplied by Guidance Counselor:

SOUTHERN MIDDLE TENNESSEE ASSOCIATION OF REALTORS ATTENTION: SCHOLARSHIP SELECTION COMMITTEE 304 RIVER ROAD COLUMBIA, TN 38401

DEADLINE FOR SUBMISSION to SMTAR Scholarship Foundation: 4:00p.m. on APRIL 11, 2025

NOTE: THESE WILL NOT BE PICKED UP! PLEASE MAIL TO REACH US BY DEADLINE. YOU MAY E-MAIL TO MARY@SMTAR.COM.



