THE JAMES HOWARD GOODWIN SCHOLARSHIP

Please print all information

Applicant's					Sex: M
Name	Last	First	Midd	le	F
Mailing Address	Number/Street		City/	State	Zip Code
Address	Number/Street		City/	Sidle	Zip Code
E-Mail Address					
Date of Birth	1 1		()_		
	Month Day Ye	ar	Area Code		Phone
Parent Information	Name of Parent o	r Guardian			
Essay Requirement	Please provide a 250 word essay on why you are interested in obtaining a Business degree and how this scholarship will help you achieve your educational goal.				
Scholastic and Financial Information	You must furnish the selection committee with a copy of your SAT or ACT scores, or current GPA. You must also provide the necessary financial need information. You must forward a copy of the "Estimate of Family Contributions" found on the Free Application for Federal Student Aid (FAFSA) form. (The EFC number (Estimate of Family Contributions) is found on the upper right-hand corner of the FAFSA form when it is returned to you. We only need a copy of the front page of the FAFSA form.)				
Recommendation Requirement	Please provide one teacher recommendation with your application packet.				
Application Deadline	This application, along with scholastic and financial need information, must be sent to the address below by April 5, 2021.				
	Name of High School Are you a senior in high school? Yes No Graduation Date:				
	Name of College/I	Jniversity Attend	ing		
Cooperative					
Information	Name of Coopera	tive			
	Member Account Number:				
v					
Applicant's Signatur	e			Da	ite
х					
Signature of Parent of	or Guardian if studer	it is under 18		Da	te
Mail to: Claudia Raffay			or send an e-m		
Sussex Rural Electric 63 County Route 639,		•	craffay@susse 117	xrec.com	