

Randolph County Democratic Party

Scholarship Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____
GPA: _____
Weighted GPA: _____

Education

High School: _____ Address: _____
Other: _____ Address: _____

Current Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____

Election and Political Experience

Organization: _____ From: _____ To: _____
Responsibilities: _____
Explain: _____

Organization: _____ From: _____ To: _____

Responsibilities: _____

Explain: _____

Other Volunteer/Civic Service Experience

Organization: _____ From: _____ To: _____

Responsibilities: _____

Explain: _____

Organization: _____ From: _____ To: _____

Responsibilities: _____

Explain: _____

Organization: _____ From: _____ To: _____

Responsibilities: _____

Explain: _____

You may list other experience on a separate sheet of paper.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to the awarding of the scholarship, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____