

GPA: Class Size: Class Rank Percentage:

2025 SCHOLARSHIP APPLICATION

Student Information Name ______ Mailing Address _____ County_____ Student Contact Number _____ Parent/Guardian Contact Number ____ 1st Generation College Student High School ___ College/University (attach letter of acceptance if received) _____ **School Activities Awards/Achievements** Non-School, Non-Work Public Service and Community Activities **Employment Experience** What do you want the committee to know about you that might explain why you should be awarded this scholarship? INTERNAL USE ONLY:

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Public school applicants: Please submit the completed application to your guidance counselor, email them to scholarships@focusbroadband.com, or mail them to FOCUS Broadband, Attn: Scholarship Program, 640 Whiteville Road NW, Shallotte, NC 28470 before the deadline.

Applicants seeking consideration for a FOCUS Broadband Scholarship agree to the following:

- I give FOCUS Broadband permission to use my name, photographs, videos, documents, or other information submitted as part of the application. I authorize their use without inspecting the finished product or its specific use.
- I acknowledge and understand the FOCUS Broadband Scholarship is a one-time award for the first semester of the 2025-2026 school year and is not transferable.
- If I receive a FOCUS Broadband Scholarship, I agree to use the proceeds to offset expenses directly related to my post-secondary education.

Release Statement

I hereby release the preceding information to the scholarship committee for FOCUS Broadband. I certify that the information is correct to the best of my knowledge, and I understand that this information will be kept strictly confidential, for sole use in conjunction with the application process for this scholarship.

FOCUS Broadband Telephone # or A	ccount # <mark>(REQUIRED)</mark>
Signature (Student)	
Signature (Parent or legal guardian)	
Printed Name (Parent or legal guardian)	
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