

Pearls of Margaret (POM) Legacy Scholarship Application Form

POM SCHOLARSHIP COMMITTEE – Thurman Williams, Jonathan Blalock, Anita Blue, Damon Williams, Jr., James Williams, Giulio Mazzarelli

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POM APPLICATION			
Applicant Name:	Date of Birth:	E-mail:	Phone:
Permanent address:	City:	State:	Zip code:
High School/College/University:		Major (If required):	
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Include the complete address for the college/university department to receive and credit the funds awarded.			
Department: Street address:	City:	State:	Zip code:
Class size: Cumulative GPA/Scale:		Test scores SAT/ACT (High school students only):	
Names off Anticipated Letters of Recommendation:		Expected Credy	untion Data
Names off Anticipated Letters of Recommendation: Expected Graduation Date:			
List of extra-curricular activities:		University when	re scholarship will be used:
		-	•
Vision statement 1000 words or less forth his/her/they educational, career vision and objectives.			
□ If provided three wishes, what would they be and why?			
□ Its five years in the future, what has unfolded for your life?			
How will education make a difference in your life now and in the future?			
I certify that the information on this application is true and correct to the best of my knowledge. I understand that if I fail to attend the university or remain in university, I am obligated to reimburse the scholarship committee and forfeit any remaining scholarship funds awarded to me.			
Applicant's Signature:		Date:	
Please submit application and upload all by October 15, 2024. ONLY WINNERS are notified of the judge's decisions following approval by the selection committee. At this time, applicants notified of a pending scholarship will be required to submit to the chair the pertinent information to process the funding. Failure to do so timely, may jeopardize the timing of the scholarship funding. Scholarship must be used within one year of date of award, or it is forfeited.			