

Candidate # _____

(for office use only)

Application to be considered for nomination

**THE ROBERT C. BYRD HONORS
SCHOLARSHIP PROGRAM**

The Robert C. Byrd Honors Scholarship is a \$1,500 award renewable for up to three additional years. The applicant must be a senior, legal resident of Georgia, citizen of the U.S. or permanent resident, demonstrated outstanding academic achievement, and show promise of continued academic achievement. NHS can nominate **ONE** student for this scholarship. To be considered, please return the completed scholarship application to **Mrs. Greenaway in the Counseling Office by Monday, December 17, 2007**. Again, NHS can only submit ONE nominee and that person will be notified by Tuesday, December 18, 2007.

CANDIDATE INFORMATION

Name: _____

Last Name First Name Middle Initial

Home Address: _____

City State Zip Code

Home Phone Number: (____) _____ Cell Phone Number (____) _____

SCHOOL/ACADEMIC INFORMATION

Numeric Average: _____

SAT Score: _____ + _____ = _____

Highest Critical Reading Score Highest Math Score Total

College/University Attending for Fall 2008 _____

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<p style="text-align: center;">THE ROBERT C. BYRD HONORS</p> <p style="text-align: center;">SCHOLARSHIP PROGRAM</p>

ESSAY

TO THE APPLICANT: Please write a short essay describing the most challenging and significant personal, artistic, or community project that you have been involved in during the last five years. Give details about why you initiated or chose this project, how your time was spent, what challenges you faced, the person who influenced you the most during this time, the outcome, and possible future application of this project. Remember to include your personal feelings and reflections on the various aspects of this project.

(Use another sheet of paper if necessary).

*Return the completed scholarship application to Mrs. Greenaway in the Counseling Office
by Monday, December 17, 2007.*