

**South Atlantic & Caribbean Ports Association  
Scholarship Application**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. What is your cumulative GPA at the end of the last semester? Overall: \_\_\_\_\_ Major: \_\_\_\_\_

2. Are you working while attending school?  Yes  No (Use the reverse side if more space is needed.)  
If yes, name your employer and describe your work. Employer: \_\_\_\_\_

3. List all honors and accomplishments which indicate good scholarship. (Use the reverse side if more space is needed.)

4. List all extra curricular activities. (Use the reverse side if more space is needed.)

5. Why do you feel you should be considered for this scholarship? (Use the reverse side if more space is needed.)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The college should forward the recommended application by *March 2, 2007*

Mr. Joe B. Fannon, Executive Director  
South Atlantic & Caribbean Ports Association  
545 Mithaven Court, Suwanee, GA 30024