



Fairfield County Genealogy Society

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www.fairfieldgenealogysociety.org

FCGS Scholarship Application

Applicant Information:

- Name: _____
- Home Address: _____
- Home Phone: _____ Mobile Phone: _____
- Check Applying For: College and/or University _____ Vocational and/or Technical College Level _____

Secondary School Information:

- School Name: _____
- Address: _____
- Principal: _____ Phone: _____
- Graduation Date: _____ ACT/SAT Score: _____

College/Vocational/Technical School Information:

- Institution Name: _____
- Address: _____
- Expected Date of Enrollment: _____

Parent/Grandparent/Guardian Information:

- Name: _____
- Address: _____
- Home Phone: _____ Email: _____

Signatures:

- Applicant _____ Date: _____
- Parent/Grandparent/Guardian _____ Date: _____

Return completed application form and all attachments to the address in the heading by July 1st.