

**SAVANNAH**



**P.O. Box 15111 Savannah,GA. 31416**

Scholarship Application

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

University: \_\_\_\_\_

Program of Study: \_\_\_\_\_

Current GPA: \_\_\_\_\_

References: Name, Email, and Phone Number (3 needed)

- 1.
- 2.
- 3.



Please attach a page including the following information:

- 1). Community service volunteerism as it relates to the field of study.
- 2). Career Objectives (1-2 paragraphs)

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Application Packet must complete the following:

- 1). Completed application with attachment
- 2). Program Acceptance/Enrollment Certification
- 3). Unofficial Transcript

Mail to: Savannah AMBUCS

Attn: Scholarships

PO Box 15111

Savannah, GA 31416

OR Email to : [ambucssav@gmail.com](mailto:ambucssav@gmail.com)

Please call Kevin Sheehan with any questions at 912-658-3739