

**Highland County Society for Children & Adults, Inc.**

**Betty Collins Scholarship Program** **Date** \_\_\_\_\_

**Name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_  
Last First

**Address** \_\_\_\_\_  
Street City State Zip

**Father's Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street City State Zip

**Mother's Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street City State Zip

**Number in Family** \_\_\_\_\_

**Family member with disability:** **Name** **Relationship**  
\_\_\_\_\_

**Nature of disability:** \_\_\_\_\_

**Please attach the following information:**

1. Statement by applicant disclosing his/her educational goals.
2. Official transcript of high school record, including ACT scores, if required.
3. List of academic achievements and honors.
4. The name of institution to be attended, if known at this time.
5. Letters of reference attesting to the good character of applicant.

**Due July 1st**