



**CONTINENTAL SOCIETIES, INC.**  
**SOUTHEASTERN REGIONAL SCHOLARSHIP APPLICATION**  
**CARLTON KENDRICK TECHNICAL SCHOLARSHIP**

*APPLICATION MUST BE TYPED*

**PERSONAL INFORMATION**

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

HOME ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
CITY STATE ZIP CODE

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
(MM/DD/YY)

HIGH SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
CITY STATE ZIP CODE

**GRADUATION INFORMATION**

EXPECTED DATE OF GRADUATION \_\_\_\_\_ CUMULATIVE GRADE POINT AVERAGE \_\_\_\_\_ CLASS RANK \_\_\_\_\_

ACT/SAT SCORES \_\_\_\_\_ DIPLOMA ( ) YES ( ) NO GED ( ) YES ( ) NO

**COLLEGE INFORMATION** (PLEASE LIST ANY COLLEGE(S) YOU ARE CURRENTLY ATTENDING OR HAVE ATTENDED FOR PRE-COLLEGE OR ADVANCED PLACEMENT COURSEWORK, ETC.)

INSTITUTION	COURSE	DATES(MM/DD/YY )	GRADE

**COLLEGE INFORMATION (CONTINUED) SUBSTANTIATION OF ACCEPTANCE OR ENROLLMENT MUST BE PROVIDED**

**PLEASE IDENTIFY THE INSTITUTIONS OF ACCEPTANCE**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE ZIP CODE

CONTACT PERSON \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

E-MAIL \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE ZIP CODE

CONTACT PERSON \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

E-MAIL \_\_\_\_\_

**ADDITIONAL INFORMATION**

**EMPLOYMENT:** FULL - TIME ( ) or PART - TIME ( ) (PLEASE LIST)

\_\_\_\_\_  
\_\_\_\_\_

**INTERNSHIP (BRIEFLY DESCRIBE)**

\_\_\_\_\_  
\_\_\_\_\_

Is internship related to your future college interest? Yes ( ) No ( )

**AWARDS/HONORS (PLEASE LIST)**

_____	_____
_____	_____
_____	_____
_____	_____

**COMMUNITY SERVICE (PLEASE LIST)**

_____	_____
_____	_____
_____	_____
_____	_____