

Bertha Avery Green Scholarship

Information and Instructions for applying for the Scholarship.

To be considered for a scholarship, a complete packet **MUST** be received by **March 15, 2025 at 11:59 PM.**

Applicants must meet the following eligibility criteria:

1. Be a graduating Senior attending a high school in Fulton County School District or Atlanta Public Schools.
2. Have a minimum 2.5 GPA on a 4.0 scale.
3. Demonstrate 90% attendance during the junior and senior year.
4. Attend a 2 or 4 year technical school, college/university.
5. Demonstrate financial need.
6. Applicant must sign **Disbursement of Scholarship Funds Agreement.**
7. Provide proof of attendance.
8. Please contact _____ for any questions about the application or application.

Omission of any part of the application will eliminate the application from consideration.

Thank you!

Personal Information

First Name

Last Name

Email Address

Address

City

State

Zip Code

Phone Number

College or University you will attend

Area you will study

List honors and awards (e.g. academic, community, leadership, extracurricular, etc.)

List organizational memberships and offices held: (indicate years of involvement)

List extracurricular activities – organizations and clubs (indicate years of involvement and offices held)

List any work experiences or internships.

Letter of Recommendation

The letter may be from a teacher, counselor or administrator. Please have your reference submit a typed letter of recommendation on institutional letterhead. The letter should be addressed to Bertha Avery Green Scholarship Committee and include:

1. Name and occupation of reference.
2. The name of the applicant and relationship.
3. How long the reference has known the applicant.
4. Information as to why the applicant should receive the scholarship.

Please submit letters using the following
link_____

Recommender Information

First Name

Last Name

Email Address

Personal Essay

In an essay (____words), please describe 1. Why you want to be a recipient of the Bertha Avery Green scholarship, 2. Your goals and career interests, 3. The impact this scholarship would have on your educational career.

Transcript

I

Verification of Financial Need

Please submit your FASFA demonstrating your financial need.

Headshot

Please upload your headshot.

Verification

I hereby declare that all of the above statements are true. I agree to accept the decision of the Scholarship Committee of the Bertha Avery Green Scholarship.

Applicant Signature:

Scholarship Application Disclaimer

I, _____ (applicant's name) acknowledge and understand that the scholarship awards will only be disbursed in a lump sum payment directly to the college/university identified by the scholarship recipient. I recognize and accept these conditions for the disbursement of the Bertha Avery Green Scholarship.

Applicant's Signature:

Thank you for taking the time to complete the Bertha Avery Green Scholarship application. Your application will be reviewed and you will receive notification of the decision in May.

Please carefully review your application and supporting materials. If you are sure everything is filled out correctly, click Submit!