



BLACKS UNITED FOR YOUTH COBB, INC.

The Willie Hill Memorial Scholarship Application

Date _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Telephone () _____

Present School _____ Projected Date of Graduation _____

School Address _____

Career Objective _____

Please list top three colleges being considered:

1) _____

2) _____

3) _____

Major _____ Minor _____

GPA _____ SAT _____ ACT _____

(must be certified by school's guidance counselor)

Signature _____ Date _____

(Guidance Counselor)

Please list extra-curricular activities, community involvement, class offices, and/or leadership roles (use additional sheet if necessary): _____

- On a separate sheet of paper, state why you feel you should be the recipient of this scholarship.

Return to:

Blacks United for Youth - Cobb, Inc.
P.O. Box 3485
Marietta, Georgia 30061