

James A. Nichols & William "Sam" Braziel Scholarships

The Reunion of the Ages Scholarships is awarded annually.

Mr. Nichols was a Black Educator in the Lakeway area for many years. He was instrumental in motivating and encouraging many children about the importance of obtaining an education.

William Samuel Braziel was devoted to being involved in the Morristown community as a coach, former president of the Lakeway Area Football Association, Tee To Green Golf Association, and 1st president of the Reunion of the Ages. The William "Sam" Braziel scholarship amount is predetermined by the family.

The amount of the James A. Nichols scholarship is determined by the Reunion of the Ages Executive Board based on funds available. To be considered for a scholarship, the following is required of each applicant:

- A <u>completed</u> application form must be returned to the organization on or before May 31, 2016. Applications that are <u>incomplete</u> and <u>received</u> after May 31st, 2016 <u>will not</u> be considered.
- Applicant must have a GPA (grade point average) of a "C" (75-84) or above.
- Applicant <u>must</u> <u>be</u> a high school senior.
- Applicant <u>must provide</u>, with this application, a copy of high school transcript and diploma or a copy of high school transcript and GED, along with proof of acceptance to a university, college, or trade school.
- Applicant must provide information on community involvement.
- An essay (typed or printed) on why applicant is requesting financial assistance in pursuit of their educational goals <u>must</u> <u>be</u> included with the application.
- Applicant <u>must</u> <u>be</u> present in order to receive this scholarship or send a family representative on your behalf.
- Please do not send outdated applications.

Completed application and supporting documents must be returned before the application deadline (May 31, 2016) to:

Reunion of the Ages Attn: SCHOLARSHIP COMMITTEE P.O. Box 1751 Morristown, TN 37816-1751

NOTE: The awards will be given - TBA. Recipients will be notified.

Application must be completed in ink. PLEASE PRINT

(All information provided on this application will be maintained in strict confidence and used only in consideration for a scholarship from Reunion of the Ages)

Name			
first	middle		last
Address			
Address Street or P.O	. Box		
City		State	Zip Code
E-mail address		Phone Number: (
	* * * * N O T	_	
A copy of your high school college, or trade school Mischolarship. All paperwor Applicant MUST be present your behalf.	<u>UST</u> accompany this appli k <u>MUST</u> be turned in toge	ication before you can ther in order to be con	be considered for a sidered for a scholarship.
High School attended:			
Expected date of high sch	ool graduation:		
High School GPA			
ACT Score		Date Taken	
SAT Score	r	Date Taken	
Name and address of Univ	ersity, College, or Trade S	School that you plan to	attend:
List any volunteer work or	activities in your commun	nity:	

Why I am requesting assistance in pursuit of furthering my education: (Please type or print)		
	_	
	_	
	_	
certify that the information on this application is correct to the bes	t of my knowledge.	
Applicant's signature	Date	