



The Steven R. Smith Memorial Scholarship Application

Name _____

Date of Birth ____ / ____ / ____ Phone Number _____

Permanent Address _____

City _____ State _____ Zip _____

Email _____

High School _____

Address _____

City _____ State _____ Zip _____

Name of Advisor _____

Cumulative High School GPA (4.0 scale) _____

SAT Score _____ ACT Score (Optional) _____

Intended Major _____

University/College _____

Address of Selected University/College _____

City _____ State _____ Zip _____

Anticipated Year of Graduation (undergraduate degree) _____

Professional organizations, work experience, extracurricular activities, etc. (list format)

City Wide Exterminating
907 W. Main Street
Locust, NC 28097
704.888.0911