



SAVANNAH HIGH SCHOOL ALUMNI SCHOLARSHIP  
CRESTVIEW EDUCATIONAL FOUNDATION (CEF)

Social Security #: XXX-XX-\_\_\_\_\_ GPA \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

College/University Information:

First Choice College/University: \_\_\_\_\_ Admitted: Y / N

Second Choice College/University: \_\_\_\_\_ Admitted: Y / N

In the academic year where will you reside? ( ) Home ( ) School/Campus ( ) School/off campus

Will you attend full or part time? \_\_\_\_\_

Major or field of study: \_\_\_\_\_

List Activities and Athletics that you have participated in over the last four years of high school:

INCLUDE COMMUNITY INVOLVEMENT AND ACTIVITIES

Freshman	Sophomore	Junior	Senior
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\*\*Please type a 300-500 word history of your Savannah alumni relative including the year they graduated. (Please attach)**

Deadline: April 10, 2024  
Submit to High School Guidance Office