



AMERICAN CLAN GREGOR SOCIETY EDUCATION SCHOLARSHIP PROGRAM

REPEAT APPLICATION FOR ASSISTANCE: SOPHOMORE, JUNIOR, SENIOR

Form Revised for 202

Application Instructions for **Repeat Applicants for financial assistance** who will be entering their Sophomore, Junior, or Senior Year of undergraduate education to Apply for Financial Assistance from ACGS.

All applications must be received **No Later Than April 1 2026** Applications received after that date will not be considered. All applications must be completed at time of Submission.

PLEASE SUBMIT YOUR APPLICATION ON THE WEBSITE OR BY EMAIL

Submit To: Mrs. Kathy Whyte

E-Mail: acgsscholarship@acgsus.org cc. k_whyte@bellsouth.net

Your Application packet will consist of:

- **Application Form** (pages 2-3 of this document). Previous Scholarship Recipients must re-apply using this form, The three letters of recommendation and proof of Ancestry are not needed again.
- **Cover letter:** Introduce yourself to the committee in no more than two pages. Include any recent academic honors/awards, activities, memberships, honors classes, community/civic involvement, participation in Scottish heritage events such as Burns Suppers and/or highland games, significant employment, etc. Describe your educational journey and your future plans regarding additional education and/or occupational goals.
- A copy of your **most current transcript** on school letterhead that includes your GPA.
- A notice of acceptance at the post-secondary institution to which you are applying or are currently attending.
- Provide current contact information for both Email and Texting. During the selection process, the Trustees may contact the student to carry out a dialogue as to their goals and objectives which may affect the award amount.

Important Points to REMEMBER:

- Students of **Scottish / Scots-Irish Heritage** are encouraged to apply
- Only **one grant per family per annum** will be funded.
- **No Post-Graduate Scholarships will be awarded.**
- Scholarship recipients must maintain at least a 2.5 undergraduate GPA while receiving educational assistance.
- **Scholarship recipients must forward in writing to the Chair of the Board of Trustees an academic progress report at the end of each semester. This academic report may be an unofficial transcript. Failure to do so will block you from receiving any further financial assistance from ACGS until completed.**
- Scholarship recipients must sign a consent to release educational information, within the limits of the Family Educational Rights and Privacy Act (FERPA) to confirm the information provided by this application. The signature below is evidence of giving such consent.

Signature:

Date:

2026 ACGS SCHOLARSHIP FORM for REPEAT APPLICANTS:

SOPHOMORE, JUNIOR, SENIOR

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Have you previously received an ACGS Scholarship? _____ Yes _____ No

If yes, when? _____ **If you answer NO, you are using the wrong form.**

Parent/Guardian Name, Address & Phone number, if different from above. This Address will be used to Mail Award check in July or August.

ACGS MEMBER NUMBER (if applicable, and your relationship to the person with that number): _____

Upcoming Undergraduate Year:

Sophomore _____ Junior _____ Senior _____

Major course of study if determined: _____

GPA: _____ Current Transcript must be attached

You must complete 12 semester hours at 2.5 GPA each semester (or the equivalent for schools using the trimester system) to be eligible for future awards.

Name and mailing address of school/college/university for which educational assistance is being requested.
Please make sure to include specific address of financial aid department:

REMEMBER, LATE AND/OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

YOUR APPLICATION MUST BE RECEIVED BY THE SCHOLARSHIP COMMITTEE NO LATER THAN APRIL 1, 2026.