



# 2024 - 2025

## CSM DEONDRE LONG SCHOLARSHIP APPLICATION

You must either type or print all of your answers neatly in ink. Application responses may be sent via email to supportveteransandyouth@gmail.com or emailed to, SOVMOY Scholarship, P.O. Box 1381, Phenix City, AL 36868. Scholarship application, transcript and letter of recommendation must be postmarked by 7/10/2025 to the above address.

Name: \_\_\_\_\_  
Last First M

Permanent Mailing Address

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City State Zip Email

**1** Graduation Year: \_\_\_\_\_

\_\_\_\_\_  
High School Name City State

Cumulative GPA:

College or University Attending

Name of College or University: \_\_\_\_\_ Start Date: \_\_\_\_\_

\_\_\_\_\_  
City State

Major Field of Study: \_\_\_\_\_

Minor Field of Study: \_\_\_\_\_

**2** Have you completed 25 volunteer hours or will you by 10 July 2025? Yes/No \_\_\_\_\_

Business/Organization Volunteered: \_\_\_\_\_ # of total hours: \_\_\_\_\_



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⑧ Letter of Recommendation, GPA Validation, Volunteer Hours memo, and Acceptance Letter:

- (a) Please provide one letter of recommendation from a school official.
- (b) Please provide a College/University acceptance letter or email.
- (c) Please provide a memo or letter from the Business/Organization documenting the days and hours volunteered. The memo or letterhead must have a business letterhead.

**Certification:** I certify that all information provided on this form is true and complete to the best of my knowledge. I agree to provide proof of the requested information on this application. I give permission to the selection committee to review information on this form, my transcripts, and any other supporting documentation submitted as part of this application. I give permission to the selection committee to contact my high school and/or college I will be attending for verification of my acceptance.

Student Signature \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_