



SOUTHEASTERN WOOD PRODUCERS ASSOCIATION

**BART ALLEN MEMORIAL SCHOLARSHIP**

PO Box 9 - Hilliard, Florida 32046

(904) 845-7133 Fax: (888) 252-3919

Email: [pbennett@swpa.ag](mailto:pbennett@swpa.ag)

**SCHOLARSHIP APPLICATION DEADLINE: January 15th each year**

(of the applicant's graduating year)

**ATTENTION: SWPA's ability to award these scholarships is dependent upon funding!**

**Please send in a DONATION to fund these scholarships to the SWPA office.**

**Call SWPA at 904.845.7133 for more information.**

SWPA is pleased to announce that SWPA will be awarding: two \$1,000.00 college scholarships for Wood Producer Members and two \$500.00 college scholarships for Associate Members, one per state. A one-time \$1,000.00 and a one-time \$500.00 scholarship each will be awarded to eligible Florida / Georgia recipients. This scholarship was established in 2001 in memory of Bart Allen, the son of Joe and Marion Allen, who was tragically killed on August 22, 2001.

If you are a member of SWPA in good standing and have a qualifying recipient interested in one of these scholarships, please complete and return the application or call the SWPA office at (904) 845-7133. **In addition to a complete application, a letter of recommendation and a short essay as to why the applicant feels he or she is the best candidate must be attached.** Winners will be required to submit a photograph for use in SWPA Publications including: "Out of the Woods", [www.swpa.ag](http://www.swpa.ag) and possible press releases. In addition, scholarship recipients selected are required to submit proof of college registration to in order to receive their scholarship funds.

Please don't delay! **The applications and supporting documentation must be received by SWPA no later than January 15th each year (applicant's graduation year), and can be mailed, faxed or emailed – but always call the SWPA office to confirm all your supporting documents and completed application was received by the deadline date.** We would like to make an award at their respective high school graduation or awards day if time allows and the winners will also be recognized at the SWPA Annual or Regional Meeting.

**EACH YEAR DONATIONS TO THE BART ALLEN MEMORIAL SCHOLARSHIP FUND MAKE THIS PROGRAM POSSIBLE. THE BOARD OF DIRECTORS WOULD LIKE TO THANK ALL THAT CONTRIBUTED TO THE BART ALLEN MEMORIAL SCHOLARSHIP PROGRAM.**

**CONTRIBUTIONS ARE NEEDED TO MAKE SURE THIS CAN CONTINUE TO PROVIDE SCHOLARSHIPS TO DESERVING MEMBER FAMILIES PLEASE CONTACT US AT 904.845.7133 AND ASK ABOUT HOW YOU CAN DONATE TO THIS WORTHY PROGRAM.**

SOUTHEASTERN WOOD PRODUCERS ASSOCIATION  
BART ALLEN MEMORIAL  
SCHOLARSHIP APPLICATION

**BAMS APPLICATION DEADLINE: January 15th each year (applicant's graduating year)**

**CHECK One:**  \$1,000 Wood Producer - GA     \$500 Assoc. GA  
**Graduating Year:** \_\_\_\_\_  \$1,000 Wood Producer - FL     \$500 Assoc. FL

**Name in full:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

Parents' or Grandparents

(Qualified SWPA Name: \_\_\_\_\_

MEMBER Name) Address: \_\_\_\_\_ City: \_\_\_\_\_ ST/Zip \_\_\_/\_\_\_\_

Member

Relationship:                      Parent                      Grandparent

**Graduation Date/Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**(If Applicable ) Awards Night Date/Time:** \_\_\_\_\_

**Name & Phone No. for High School Guidance Office:** \_\_\_\_\_

**ACADEMIC**

**RECORD:**

**High School Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**High School GPA** \_\_\_\_\_ **Class Rank** \_\_\_\_\_ **Graduation Date** \_\_\_\_\_ **Scores: SAT** \_\_\_\_\_ **ACT** \_\_\_\_\_ **Other** \_\_\_\_\_

**University and/or College you will be attending\*** \_\_\_\_\_

**Anticipated date of enrollment** \_\_\_\_\_

**Summarize your high school achievements and activities. (Be sure to provide supporting documents).**

(a) Honors and Awards

(b) Extracurricular Activities

(c) List all work experience and your responsibilities

(d) Attach a short essay as to "Why you feel you are the best candidate" to receive this scholarship

(e) Attach Letter of Recommendation.

**I certify that all the above information on this application is true, correct and complete to the best of my knowledge.**

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

**Signature:** \_\_\_\_\_