



Scholarship Application

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Atlanta, GA 30361
404-892-0011
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Parent/Guardian Name: _____

Student Name: _____

School Student Currently Attends: _____ Grade: _____

Address: _____

City: _____ Zip: _____

Phone: _____

E-Mail: _____

I understand that any scholarship funds awarded to me from Stokes & Kopitsky, P.A. are to be used to pay tuition and/or other expenses related to my college education.

Student Signature

Date

I certify that the essay I have submitted is my original work and no portion of the essay has been plagiarized.

Student Signature

Date