



2019 Scholarship Application

1201 Peachtree ST NE
400 Colony Square, Suite 1200
Atlanta, GA 30361
404-892-0011
www.stokesinjurylawyers.com

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 and Kopitsky, P.A. are to be used to pay tuition or other expenses related to my college education.

Student Signature

Date

I certify that the essay I have submitted is original work and no portion has been plagiarized and no one has written this essay for me.

Student Signature

Date