Carolyn King Panizzi Memorial Scholarship for Accounting Program Students

The Scholarship was established in Memory of Mrs. Carolyn King Panizzi and her late husband, Mr. Giovanni Panizzi, and her brother and sister-in-law Mr. and Mrs. John King.

Carolyn King Panizzi had lived in Valdosta her entire life. For the past 19½ years, she had been the owner and operator of TeamTemps Personnel Staffing. Uplifting to everyone she came in contact with, Carolyn thoroughly enjoyed helping people find the job that they would truly love. She believed that a person’s attitude makes or breaks them as they travel through life. A compassionate, community-minded individual, Carolyn strongly supported the mission of Wiergrass Georgia Technical College as well as many other organizations in the Lowndes County/Valdosta area.

Written by Mr. Giovanni Panizzi and Mr. and Mrs. John King.

Scholarship Requirements/Criteria:
1. Must be a full-time Wiregrass Georgia Technical College student enrolled in the Accounting Program.
2. Must have a 2.0 grade point average and maintain that average if awarded the scholarship.
3. Must fill out the application and write a 300 word essay on why you feel that you deserve this scholarship.

Other information:
- This grant will cover the cost of the Certified Bookkeeper Exam and/or the Americal Payroll Association Exam.
- Selection of student will be made by the Wiregrass Georgia Technical College Foundation South Selection Committee.
- Money awarded for exam fee for certification will be awarded on an as-needed basis.
- The cost of the exam will not be given to the student but will be paid directly for the exam.
- A student can re-apply for the scholarship to take a certification exam annually.
- The Foundation office will ensure that the student writes a progress note to the donor upon receiving the scholarship, informing the donor what the scholarship has meant to them and how it has helped them succeed in school.
- This is an ongoing grant; therefore, a deadline has not been set.

Please turn in completed applications to the Foundation Office located in Brooks Hall, Room 512, to Penelope Schmidt. Questions related to the Carolyn King Panizzi Memorial Scholarship, criteria, or eligibility should be directed to Penelope Schmidt in the Wiregrass Georgia Technical College Foundation South Office at 229.293.6190 or penelope.schmidt@wiregrass.edu.
# Application for WGTC Foundation South
## Carolyn King Panizzi Memorial Scholarship for Accounting Students

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<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>(Last)</td>
<td>(First)</td>
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<tr>
<td>Address</td>
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<td>(Street)</td>
<td>(City)</td>
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<td>Telephone</td>
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**Student ID #** __________________________

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<tr>
<th>Education (Circle):</th>
<th>High School:</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>GED</th>
<th>College:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5+</th>
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<tbody>
<tr>
<td>Program of Study:</td>
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<td>GPA</td>
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Honors, Awards, Activities, Clubs, Leadership Positions Held:

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<th>Monthly Household Income</th>
<th># in Household</th>
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**Other Income:** Ask Financial Aid staff to verify.

- **Pell Grant:** ___ Yes ___ No /Amount Awarded next Semester: $______________________________
- **HOPE Grant:** ___ Yes ___ No /Amount Awarded next Semester: $______________________________
- **WIA:** ___ Yes ___ No /Amount Received Weekly: $______________________________
- **Educational Loans:** ____________________________
- **Other:** _______________________________________________________________________

**CURRENT EMPLOYER** ____________________________  Full-time ________ or Part-time________

Verification: By signing this application, I give the WGTC Foundation South staff permission to check my records, financial aid, and any other information given on this form to verify my eligibility for this scholarship. I understand that if I give false information, I can be disqualified from receiving a scholarship. My signature below verifies that the above information is true to the best of my knowledge.

Media Release: If I am awarded any Foundation funds, I do □ do not □ (mark one) authorize Wiregrass Georgia Technical College Foundation South, Inc., to use my name, information, award(s), and/or photo in media releases, reports, and newsletters.

____________________________________________  _____________________
(Applicant Signature)                   (Date)

As set forth in its student catalog, Wiregrass Georgia Technical College does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, genetic information, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law). Any violation or questions may be directed to Shalonda Sanders, Title IX Coordinator (all campuses), Executive Director for Human Resources, Valdosta Campus, Berrien Hall, Room 114, (229) 333-5356 ext. 4 or shalonda.sanders@wiregrass.edu or Katrina Royal, Student ADA & Section 504 Coordinator (all campuses), Special Populations Coordinator, Valdosta Campus, Berrien Hall, Room 107, (229) 333-2100 ext. 1236 or katrina.royal@wiregrass.edu (*student ADA & student disability claims only). Telephone numbers are accessible to persons who are deaf or hard of hearing through the Georgia Relay by dialing 711 or (800) 255-0056 from a TTY/TDD.
Instructor Recommendation *(To be completed by an instructor)*

Printed Name of Instructor: _________________________________________________________________

Student is Enrolled ____Full-time ____Part-time

Student’s Program of Study: ________________________________________________________________

GPA: ___________________________ Anticipated Graduation Date: ___________________________

Please give a brief explanation as to the reasons why you feel this student is deserving of the Carolyn King Panizzi Memorial Scholarship. Please note: The Carolyn King Panizzi Memorial Scholarship is to be used to cover the cost of exam and certification fees. If you need more space, please attach additional pages.

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Instructor’s Signature: _____________________________ Date: ____________________________

Instructor’s Phone Number: _____________________________