Scholarship Application

Please note: You will not be considered for a scholarship if you do not complete the whole application process.

Name:
Last: __________________________ First: __________________________ Middle: ________________

Major: __________________________ Student ID#: ________________

Email: __________________________

Home Address: __________________________

State: ________________ Zip: ________________

Date of Birth: ________________

Place of Birth:
City: ________________ State: ________________

SAT/ACT Scores:
Math: _______ Verbal: _______ Total: _______

Are you presently enrolled at a College or University?
Yes    No

If so, where?: __________________________

If not, have you applied for admission?
Yes    No

Have you been accepted?
Yes    No

At the beginning of Fall Semester:
How many credit hours will you have earned? ________________
How many transfer credit hours will be on your transcript? ____________

What will be your class standing?
Freshman  Sophomore  Junior  Senior

How many additional semester hours will you need to complete your Bachelors degree?
__________________

When do you expect to complete your Bachelors degree?
Semester: ______________ Year: ______________

Describe your participation in the following activities and programs:

Community Service Activities:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Student Clubs and Activities: (including 4-H, FFA, Band, Football etc. – list years and offices held – specify high school or college):
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Honors and Awards Received: (specify high school or college):
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
List all scholarships you have received in previous years and expect for the academic year: (source, amount, and years):

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

What are your academic interests and career plans?

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

**Member Relative Information**

Name of Member: ______________________________________

Relationship to Applicant: ______________________________

Current GCSAA Classification: ___________________________
References:

List three references: (who are not related to you):

Reference 1
Name: __________________________
Address: __________________________
City: ____________________________ State: _____ Zip: ______________

Reference 2
Name: __________________________
Address: __________________________
City: ____________________________ State: _____ Zip: ______________

Reference 3
Name: __________________________
Address: __________________________
City: ____________________________ State: _____ Zip: ______________

Parents
Father's name: __________________________
Father's occupation: __________________________
Father's place of employment: __________________________

Mother's name: __________________________
Mother's occupation: __________________________
Mother's place of employment: __________________________
Work Experience:

**Employer 1:**

Company Name: ___________________________

Dates Employed: _______________

Company Address: ___________________________

Your Responsibilities: ____________________________________________

___________________________________________

**Employer 2:**

Company Name: ___________________________

Dates Employed: _______________

Company Address: ___________________________

Your Responsibilities: ____________________________________________

___________________________________________

**Employer 3:**

Company Name: ___________________________

Dates Employed: _______________

Company Address: ___________________________

Your Responsibilities: ____________________________________________

___________________________________________
Education:

School 1

School Name: ____________________________________________

Address: ________________________________________________

Program Studied: _________________________________________

GPA: ______ Did You Graduate?  Yes  No

School 2

School Name: ____________________________________________

Address: ________________________________________________

Program Studied: _________________________________________

GPA: ______ Did You Graduate?  Yes  No

School 3

School Name: ____________________________________________

Address: ________________________________________________

Program Studied: _________________________________________

GPA: ______ Did You Graduate?  Yes  No

Hometown Newspaper:

Name: ____________________________________________________

Address: ________________________________________________