

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 ect. – 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: _____