

SCHOLARSHIP APPLICATION 2023-2024

Applicant's Full Name:				
	Last	First	Middle	
Home Address:				
		Street Address		
City		State	Zip Code	
Personal Email Address:		Phone	Phone No	
Choice One:				
College/University Attendi	ng:			
Address:		Address		
	Street			
City		State	Zip Code	
Estimated Tuition 1 st year:				
	ng:			
		Address		
City Major:		State	Zip Code	
How do you plan on paying your employer.	g for your colleg	e education? Do you curren	tly have a job, and if so, list	
Are either of your parents	employed by GI	K School District #424?	YesNo	
Please indicate your family Below \$25,0		ne bracket/adjusted gross inc \$50,000\$75,000	come. Over \$100,000	
\$25,00050	0,000	\$75,000-\$100,000		

List all community services that you have been involved with:
List all clubs, sports, and activities involved in at GKHS:
During your 4 years of high school, list any awards or honors you received:
Describe what are your goal(s) for your major and how you plan to achieve them.
Are there any special circumstances that should be considered in evaluating your application?
Please attach a copy of your High School transcript and 2 teacher recommendation letters to this form.
DUE DATE IS APRIL 1, 2024 ALL FUNDS WILL BE SENT DIRECTLY TO THE EDUCATIONAL INSTITUTION.
(Office use only) Funds provided by Cootes, Shirvis, GKEA