

# **The Education Foundation of Gilchrist County, Inc.**

## **Adult Scholarship Application**

The Education Foundation of Gilchrist County, Inc.'s Adult Scholarship Program was created to provide Gilchrist County residents with scholarships to further their education goal. This scholarship may not be used in conjunction with the General Scholarship Program. These monies are to be used toward tuition, books, fees, and supplies.

Criteria:

- 1- Applicant must be 25 years old or older.
- 2- Applicant must be a resident of Gilchrist County.
- 3- Applicant must be pursuing undergraduate degree or vocational certificate.

The Foundation's Scholarship Committee must approve all applications and the process for selection will be done based on a rubric scoring that includes: Community Involvement, Leadership, and Financial Need. Selection is made without regard to race, color, sex, national origin, or ancestry.

Recipients must be enrolled in a college or other approved institution before funds will be disbursed. Funds are disbursed on an as-needed basis, up to \$500 per semester, at the discretion of the Board.

A check in the amount of the scholarship will be forwarded to the student upon verification of enrollment into a college or other approved institution.

Deadline for the request of disbursement of funds for each semester will be thirty days after enrollment.

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**INSTRUCTIONS: PRINT THE APPLICATION IN YOUR OWN HANDWRITING**

**SECTION I - GENERAL INFORMATION**

DATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

FULL LEGAL NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS (if different from mailing address) \_\_\_\_\_

LENGTH OF RESIDENCE IN GILCHRIST COUNTY, FLORIDA \_\_\_\_\_

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**SECTION II - HIGH SCHOOL INFORMATION**

HIGH SCHOOL ATTENDED or GED: \_\_\_\_\_

DATE OF GRADUATION: \_\_\_\_\_

(For committee use only total points : \_\_\_\_\_)





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### SECTION VI – PERSONAL REFERENCES/RECOMMENDATIONS

Please provide the name, address, and telephone number of the three individuals (non-family members) who are furnishing reference/recommendation on your behalf. Attach their letter of reference/recommendation to the application.

Name	Address	Telephone Number	Relation (pastor, neighbor, coach)

### SECTION VII – WORK HISTORY

Employer's Name and Contact person	Business Name	Telephone	Job Description	Dates of Employment

(For committee use only total points: \_\_\_\_\_)

