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 of 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.

Adult Scholarship Application

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

SECTION II - HIGH SCHOOL INFORMATION
HIGH SCHOOL ATTENDED or GED:
DATE OF GRADUATION:

(For committee use only total points:_____)

Adult Scholarship Application

SECTION III - POST SECONDARY INFORMATION

(For committee use only total points: _____)

Answer the questions in this section	to the best of your knowledge:	
Name of Post-Secondary School yo	u plan to attend and when do you plan to begi	n attending:
Anticipated Post-Secondary Field of	f Study or Major:	
SECTION IV – Post Secondary Ed	lucational Goals	
	ow (in your own words/handwriting) of your pag your field of study/college major. Include we use this degree.	

Adult Scholarship Application

SECTION V - COMMUNITY INVOLVEMENT/PARTICIPATION

List all the community activities that you have participated in.

COMPLETE THE FOLLOWING CHART IN DETAIL

(If more space is needed, additional pages may be added)

Year	Event	Activity Performed	Awards Received

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Adult Scholarship Application

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)
			(pastor, neighbor, coach)

SECTION VII – WORK HISTORY

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

(For committee use or	ly total points:)
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Adult Scholarship Application

SECTION VIII – Financial Need

Please provide a brief statement below (in your own words/handwriting) concerning your financial need to me your post-secondary goals.	eet
(For committee use only total points:)	
SECTION IX – ACKNOWLEDGEMENT	
I hereby certify that the above statements and attachments are true and correct to the best knowledge.	
Signature of Applicant Date	