



Scholarship Application

Please **type** or **print in ink**, answering all questions applicable to your present status.

Date: _____ SSN: _____

Name: _____

_____ *Last* *First* *Middle Initial*

Home Address: _____

_____ *City* *State* *Zipcode* *Phone Number*

Date of Birth: _____ Initial Application: _____ Renewal Application: _____

List all persons presently living in your home who are dependent on the total household income:

_____ Yourself _____ Spouse _____

Name and Age

_____ Father _____ Siblings _____

Names and Ages

_____ Mother _____ Children _____

Names and Ages

Father's Occupation: _____

_____ *Job Title* *Employer* *Location*

Current Yearly Income: \$ _____

Mother's Occupation: _____

_____ *Job Title* *Employer* *Location*

Current Yearly Income: \$ _____

Spouse's Occupation: _____

_____ *Job Title* *Employer* *Location*

Current Yearly Income: \$ _____

Your Occupation: _____

_____ *Job Title* *Employer* *Location*

Current Yearly Income: \$ _____

How many family members will be attending college next fall? _____

I graduated from: _____ High School on: _____

CNA certification received: _____

Examinations: Please list all college entrance examinations you have taken to date. Attach copies of your scores/results.

College Entrance Examination(s) - SAT score: _____ ACT score: _____

Other: _____

College/College Plans: Please list name of school(s) and present status.

A. Name: _____

_____ Prefer to Attend _____ Have Applied _____ Accepted _____ Now Attending

B. Name: _____

_____ Prefer to Attend _____ Have Applied _____ Accepted _____ Now Attending

C. Name: _____

_____ Prefer to Attend _____ Have Applied _____ Accepted _____ Now Attending

Course of study I'm planning to pursue/pursing: _____ Degree: _____

What is your current academic level (based on credit hours)? **COLLEGE TRANSCRIPTS REQUIRED.**

_____ Freshman _____ Sophomore _____ Junior _____ Senior

Approximate number of quarters/semesters remaining before graduation:

_____ semester(s)/quarter(s) remaining

Special Recognition: Please list honors, awards, scholarships, honor societies, etc.

Activities: Please list high school/college activities (sports, clubs, etc.) and organized outside activities including community service.

References: Three letters of reference are required. At least one should be from recent high school teacher, college teacher or work supervisor.

Certification: I acknowledge that any scholarship awarded is with the understanding that I will comply with the rules of the AdventHealth Gordon Foundation scholarship committee provided to me. I also understand that if I have not enrolled in an accredited school or course within 365 days of scholarship being awarded, the funds will be relinquished. I hereby certify that all statements contained herein are true and correct.

Signature of Applicant

Date

Please complete this form and return it to:

AdventHealth Gordon Foundation
PO Box 304
Calhoun, GA 30703

Deadline: April 21, 2023 at 3 pm