

**THE GADSDEN COUNTY MEN OF ACTION, INC.
SCHOLARSHIP APPLICATION**

PLEASE TYPE OR PRINT LEGIBLY. IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED, ALL REQUIRED INFORMATION MUST BE SUBMITTED IN A TIMELY MANNER. PLEASE ATTACH ADDITIONAL SHEETS IF NEEDED.

NAME:

LAST

FIRST

MI

ADDRESS:

CITY: _____ ZIP: _____ PHONE: _____

FAMILY INFORMATION

FATHER'S NAME: _____ OCCUPATION: _____

MOTHER'S NAME: _____ OCCUPATION: _____

HAVE YOU BEEN AWARDED ANY OTHER FORM OF FINANCIAL ASSISTANCE FOR CONTINUING YOUR EDUCATION? YES _____ NO _____

IF YES, PLEASE EXPLAIN.

HAVE YOU APPLIED FOR ANY TYPE OF FINANCIAL AID?

YES _____ NO _____

WHAT EXTRACURRICULAR ACTIVITIES HAVE YOU PARTICIPATED WHILE IN HIGH SCHOOL?

WHAT LEADERSHIP POSITION(S) HAVE YOU HELD IN HIGH SCHOOL AND/OR THE COMMUNITY?

WHAT AWARDS HAVE YOU RECEIVED WHILE IN HIGH SCHOOL AND/OR THE COMMUNITY?

WHAT COLLEGE/UNIVERSITY/OR POST SECONDARY INSTITUTION DO YOU PLAN TO ATTEND?

WHAT IS YOUR SECOND CHOICE IF YOU ARE NOT ACCEPTED IN THE ABOVE?

EMAIL CONTACT: _____

STUDENT SIGNATURE: _____ DATE: _____

PLEASE ATTACH YOUR TYPE-WRITTEN ESSAY OF NO LESS THAN 200 WORDS AND NO MORE THAN 500 WORDS TO THIS APPLICATION, ENTITLED:

“Why I Chose the Professional Career I am Pursuing”?

(*) PLESAE SUBMIT A LETTER FROM THE PRINCIPAL OR GUIDANCE COUNSELOR CERTIFYING THAT YOUR GPA IS 2.50 OR HIGHER ON A 4.00 GRADING SCALE. THIS SHOULD COVER ALL COURSE WORK FROM GRADE 9 THROUGH THE FIRST SEMESTER OF YOUR SENIOR YEAR. THIS LETTER SHOULD ALSO INDICATE YOUR ANTICIPATED DATE OF GRADUATION.

ALL APPLICATION MATERIALS ARE DUE NO LATER THAN April 15, 2025.

APPLICATIONS WILL BE RECEIVED AND CONSIDERED REGARDLESS OF RACE, COLOR, GENDER, CREED, NATIONAL ORIGIN, OR DISABILITY, ETC.

FOR THE SCHOLARSHIP COMMITTEE USE ONLY

DATE RECEIVED: _____ **HIGH SCHOOL:** _____

NAME OF STUDENT: _____ **GPA:** _____

WERE ALL DOCUMENTS ENCLOSED? _____