



**GEORGIA  
IMAGE BUILDERS' FOUNDATION  
JOSEPH P. CRAWFORD, CLU  
Patty Beal Brown, CLU, RHU  
Memorial Scholarship  
241 West Wieuca Rd. NE, Suite 230  
Suwanee, Georgia 30024**

The NAIFA Georgia Board of Directors created the Scholarship to provide a scholarship to a High School Senior who demonstrates exceptional academic performance and financial need.

The Image Builders Foundation was created to carry forward the ideals and interests of NAIFA Georgia by establishing a fund that exists solely to complement NAIFA Georgia in advancing the aims and objectives of its members.

**Eligibility Requirements**

The following are the eligibility requirements for qualifying an applicant for the Scholarship:

1. Applicant must be a resident of the State of Georgia.
2. Applicant must be a graduating 2025 Georgia High School Senior.
3. Applicants must be accepted by an accredited College or University.
4. Grade Point Average must be 3.0 or higher on a 4.0 scale.
5. The Scholarship Committee will choose the recipient, Confirmed by the Board of Directors.
6. The Committee determines the scholarship amount annually, up to \$5,000.00.
7. The application Package must be postmarked by Tuesday, April 15, 2025.

**Scholarship Application**

**I Personal Information:**

Applicant's Full Name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_ Birth date (mm/dd/yy): \_\_\_\_\_ Age: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Street City State Zip

Email address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Name of parent(s) or guardian(s): \_\_\_\_\_

**II Education Information:**

**University Information:**

Name of school you will attend in the fall: \_\_\_\_\_

Location of school: \_\_\_\_\_  
Street Address City State

Degree being pursued and anticipated date of graduation: \_\_\_\_\_  
Degree: \_\_\_\_\_ Anticipated Graduation: \_\_\_\_\_

Will you be a full-time or part-time student? (Please check one) Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

**High School Information:**

Name of school you attend: \_\_\_\_\_

Location of school: \_\_\_\_\_  
Street Address City State

Date of High School Graduation: \_\_\_\_\_ Class Rank: \_\_\_\_\_

Number in Graduation Class: \_\_\_\_\_ GPA: \_\_\_\_\_ GPA scale: \_\_\_\_\_  
3.0 or higher on a 4.0 scale

**III Educational References:**

List (3) three educational references (professors, counselors, academic advisors, etc.) and include a letter of recommendation from each.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**IV Essay Writing:**

In an essay of 300-500 words, explain in detail your career interest and tell why you feel that you would be successful in your chosen field. Your essay must be typed and double-spaced on 8 ½ X 11-inch paper. Place your name, address, telephone number, and high school's name in the upper left-hand corner of the page.

**V Application Package must include:**

The following must be submitted:

- Application
- Three letters of recommendation
- Essay
- Current copy of your official High School Transcript
- Statement of verification/release authorization
- Authorization for the release of information
- Application Package must be postmarked no later than Tuesday, April 15, 2025, to be considered.

**STATEMENT OF VERIFICATION/RELEASE AUTHORIZATION**

I certify that the information I have provided is complete and correct to the best of my knowledge. I authorize the Image Builders Foundation to verify the information I have provided.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I hereby authorize all facilities, programs, educational bodies, investigative agencies, and others named below:

\_\_\_\_\_  
School District Name

To release to Image Builders Foundation, its employees, representatives, or authorized agents, for their purposes of investigation and consideration of my scholarship application, the following records and information:

All educational, school, social, vocational, disciplinary, and other personally identifiable records created or maintained by you in whatever media, whether received from third parties or prepared initially.

I further authorize Image Builders Foundation to interview or discuss my educational records, performance, and other circumstances with all staff, employees, contractors, and other persons deemed necessary to consider my scholarship application.

A photocopy or facsimile of this authorization shall have the same force and effect as the original.

I understand that this authorization will remain in effect for one (1) year from the signature date entered below.

I understand that unless otherwise limited by state or federal regulation and except to the extent that action has been taken based on my consent, I may withdraw this consent at any time.

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Parent/Guardian Printed Name (if under 18)

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Witness Signature

**RETURN ALL REQUESTED INFORMATION TO:**

**NAIFA-Georgia  
Scholarship Application  
241 West Wieuca Rd. NE, Suite 230  
Suwanee, GA 30024**