



**GUYANA ASSOCIATION OF GEORGIA
2017 SCHOLARSHIP APPLICATION**

Applicant's Information (Please print clearly):

Name: _____ **Email:** _____

Home Address: _____

Telephone #: (_____) _____ **Gender:** _____ **Date of Birth:** _____

High School Graduated: _____

2017 GPA _____ **SAT Score** _____ **ACT Score** _____ **(Include copy of scores)**

Scholastic Awards or Achievements: _____

Community/Volunteer Services: _____

College/University Attending: _____

On a separate sheet(s) of paper, you must provide a two-page typed essay (double spaced) with information on yourself, career objectives and reasons why you feel you should receive this scholarship.

Parents/Grand Parents or *Guardian's Name: _____

***Guardian is the person given the right and responsibility to make decisions about the upbringing of a child.
(Proof of guardianship required)**

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Terms:

- Scholarship awards will be presented on the basis of SAT/ACT scores, GPA, service & leadership
- Minimum SAT of 1600, ACT 22 and GPA of 3.00
- Applicants or parental guardians must be financial members of GAOG for the current and previous year
- All applicants must attach a documented high school transcript and two letters of recommendation from present/past faculty
- All applicants are required to furnish copies of college acceptance letter and proof of SAT/ACT & GPA
- Applicants must be enrolled for the upcoming semester in an accredited college or university, with intent to pursue an accredited program.
- Must provide community service to GAOG. Please indicate your preference (✓):
 Family Fun Day Saturday Tutoring/Mentoring Program Scholarship Banquet

My signing this application indicates that, to the best of my knowledge, all information supplied is accurate and correct. I also pledge that I will maintain a major related to my chosen field.

Signature _____ **Date** _____