



Saving Generations Pathway to Tomorrow Scholarship Fund

Application must be filled out by applicant.

Please check one of the following:

New Scholarship applicant _____

Repeat Scholarship Applicant _____

Please type on a separate sheet or print your answers below. If application is illegible it will be returned to you.					
1	Last Name:	First Name:			
2	Mailing Address: Street: _____ City: _____ State: _____ ZIP: _____				
3	Daytime Telephone Number: () _____ Email address: _____				
4	High School Attended:	Number of years attended HS:			
5	I will be attending the following school in the _____ (semester) of _____ (year) Name: Address/ Phone				
6	What year will you enter school? Freshman Sophomore Junior Senior Graduate Level				
7	Will you be a full time student? _____				
8	Grade Point Average (GPA): _____ (On a 4.0 scale) *Attach proof of your GPA by way of your most recent school transcript. (It can be an unofficial copy or report card)				
10	. What specialty/major do you plan to major in as you continue your education?				
11	List the name of any college you have attended				
		Year Began	Year Ended	Year Graduated	Type of Degree Received

	A.					
	B.					

Please list the following information on a separate sheet if needed.

12	SCHOOL EXTRA-CURRICULAR ACTIVITIES: Please list school extra-curricular activities in which you have participated. Note leadership roles and dates.
13	AREA OF STUDY: What do you want to study and why?
14	ORGANIZATIONS: Please list community organizations such as service, volunteer and religious organizations in which you are now active or have previously been active. Note leadership roles and dates.
15	RECOGNITIONS: Please list important awards and recognitions received. Note organizations presenting honor and date.
16	GOALS: What are the short and long term goals for your life? *Use a brief statement in this section only. The essay will be used for an expanded answer.
17	NEED: Please explain your need for the Saving Generations Pathway to Tomorrow Scholarship. If you or anyone in your household is receiving benefits from: SSDI, SSI, TANF, SNAP or any other governmental agency, please indicate that here.
18	A. The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee. B. Your application will be subject to disqualification if these items are not attached to this application. (No exceptions.) C. Circle "YES" or "NO" to be sure you have attached each item as required.

O	YES	NO	<p>Two reference letters on company/professional letterhead (Preferably from a school official, clergy, employer, counselor, community coach, etc). Your references must be faxed to:</p> <p>Saving Generations Pathway to Tomorrow Scholarship Program Att: Danice Wilson FAX: (770) 438-7929</p> <p>*Must include applicant's name and social security number.</p>
	YES	NO	<p>Proof of college acceptance or current student enrollment. A letter of college acceptance or program acceptance is required for receipt of funds.</p>
	YES	NO	<p>Most recent high school or college transcript. *Can be unofficial.</p>
	YES	NO	<p>4X6" Headshot photo. It can be an informal or formal photo as long as it's appropriate for public viewing.</p>
	YES	NO	<p>Answers to questions 1-18</p>

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me to the Saving Generations Pathway to Tomorrow Scholarship Committee is true, correct and without forgery. I also consent that my picture may be taken and used for any purpose deemed necessary.

I hereby understand that if chosen as a scholarship winner, according to scholarship policy, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: _____ Date: _____

The deadline for this application to be received by Saving Generations is June 30th.