

# ***Faith Hope and Charity Recycle Store, Inc***

## **SCHOLARSHIP APPLICATION**

Date of Application \_\_\_\_\_ Date Scholarship funds needed \_\_\_\_\_

### **PERSONAL INFORMATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

E-mail address \_\_\_\_\_ Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License number \_\_\_\_\_

Spouse's Name (if married) \_\_\_\_\_

Parents' Name (if living with parents) \_\_\_\_\_

Are you a US citizen? \_\_\_\_\_ Number of years a Gilmer County resident \_\_\_\_\_

Date of High School of Graduation \_\_\_\_\_ or Date of GED \_\_\_\_\_

### **INCOME INFORMATION**

Total number living in household \_\_\_\_\_

Your household yearly income (include child support, food stamps, WIC, disability, TANF, SSI and any other income.) Include income of all members in household.

\_\_\_\_\_  
\_\_\_\_\_

Have you completed a FAFSA? \_\_\_\_ If yes, provide documentation of eligibility or non-eligibility for aid. If no, explain why. \_\_\_\_\_

List any Financial Aid (for college) you are receiving or will receive. You must have the college verify all aid you do or will receive.

\_\_\_\_\_  
\_\_\_\_\_

**COLLEGE INFORMATION**

College in which you are enrolled or accepted for enrollment\_\_\_\_\_

Date of first enrollment \_\_\_\_\_ Expected date of graduation \_\_\_\_\_

Major Field of Study\_\_\_\_\_ Current GPA\_\_\_\_\_

(You must provide a transcript of credits from the college in a sealed school envelope or have the school mail the transcripts directly to FHC.)

**OTHER INFORMATION**

Please describe any school, community or Church activities in which you currently participate \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain why you need this scholarship \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT MUST READ AND SIGN BELOW TO BE ELIGIBLE FOR CONSIDERATION:**

1. I certify that all information is complete and accurate to the best of my knowledge. I understand that any false information will cause me not to be eligible for scholarship funds.
2. I give consent, in accordance with the Family Education Privacy Right Act, to allow financial or academic/enrollment information to be released to the FHC Scholarship Committee to be used to verify eligibility for scholarship funds.

Applicant's Signature\_\_\_\_\_ Date \_\_\_\_\_