GENEVA GAINES MEMORIAL SCHOLARSHIP

NAME _____

ADDRESS _____ PHONE _____

PARENT/GUARDIAN _____

DATE OF BIRTH _____

HOW LONG HAVE YOU ATTENDED SCHOOL IN BUNA? _____

YEAR OF HIGH SCHOOL GRADUATION _____ 4 YEAR GRADE POINT AVERAGE _____

IF APPLICABLE: COLLEGE GRADE POINT AVERAGE _____

COLLEGE PLANS

_____ College/University

_____ Technical/Vocational School

_____ Other

MAJOR AREA OF STUDY

_____

_____

Expected Date of Enrollment

_____ Summer,

_____ Fall,

_____ Spring,

Family Financial Support for Education

☐ Full Support

☐ Partial Support

☐ None

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Number of family members _____

Number of family members presently attending college _____

Family Income

☐ Under $15,000 ☐ 25,000-$40,000

☐ $15,000-$25,000 ☐ Over $40,000

Will you be employed during school? _____

Are you classified as legally handicapped? _____

If yes, please explain. _____

Note: All information provided on this form will be confidential. The recipient of this scholarship must be a full time student.