

GEORGE WASHINGTON CARVER ATLANTA ALUMNI ASSOCIATION SCHOLARSHIP APPLICATION

George Washington Carver Atlanta Alumni Association, Inc. ■ P.O. Box 370018 ■ Decatur, GA 30037 ■ 404-521-8991

Student Information (PLEASE PRINT)			
Name:	Birth Date:	Male	Female
Address:			
Street	City	State	Zip Code
Telephone:	Other Contact #	Email:	
GPA:	Graduation Date:		

Family Information	
Mother's Name:	Father's Name:
Home Address if different from yours:	Home Address if different from yours:
Occupation:	Occupation:
Total number of children living at home including yourself:	Total number of others currently attending college:

College/Institution Information			
	Name of College/Institution	Program Length	Tuition/fees per yr
1			
2	College/Institution Address:		
3	Career Choice or Major:		

Financial Need	
Please state your financial need and include some general information about family's income and situation. Parent/guardian and applicant signatures are required	
1	I need the assistance because:
Parent/Guardian Signature:	
How will funds be applied? (indicate Yes or No in all)	
2	Tuition ___Yes ___No Books ___Yes ___No Room/Board ___Yes ___No Meals ___Yes ___No

Leadership - Community Involvement, Volunteer Activities, Extra-Curricular Activities	
Position or Activity Description, Organization. Attach separate page if necessary.	Year

Essay

(Minimum of 500 Words – Typed. Attach separate sheet if necessary)

Topic: “The Importance of Community Service”

Signature: _____ Date: _____
Student/Applicant (Parent if student is under age 18)