



# Scholarship Application

Please **type** or **print in ink**, answering all questions applicable to your present status.

Date: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_ *Last* *First* *Middle Initial*

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ *City* *State* *Zipcode* *Phone Number*

Date of Birth: \_\_\_\_\_ Initial Application: \_\_\_\_\_ Renewal Application: \_\_\_\_\_

List all persons presently living in your home who are dependent on the total household income:

\_\_\_\_\_ Yourself \_\_\_\_\_ Spouse \_\_\_\_\_ *Name and Age*

\_\_\_\_\_ Father \_\_\_\_\_ Siblings \_\_\_\_\_ *Names and Ages*

\_\_\_\_\_ Mother \_\_\_\_\_ Children \_\_\_\_\_ *Names and Ages*

Father's Occupation: \_\_\_\_\_

\_\_\_\_\_ *Job Title* *Employer* *Location*

Current Yearly Income: \$ \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

\_\_\_\_\_ *Job Title* *Employer* *Location*

Current Yearly Income: \$ \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

\_\_\_\_\_ *Job Title* *Employer* *Location*

Current Yearly Income: \$ \_\_\_\_\_

Your Occupation: \_\_\_\_\_

\_\_\_\_\_ *Job Title* *Employer* *Location*

Current Yearly Income: \$ \_\_\_\_\_

How many family members will be attending college next fall? \_\_\_\_\_

I graduated from: \_\_\_\_\_ High School on: \_\_\_\_\_

CNA certification received: \_\_\_\_\_

**Examinations:** Please list all college entrance examinations you have taken to date. Attach copies of your scores/results.

College Entrance Examination(s) - SAT score: \_\_\_\_\_ ACT score: \_\_\_\_\_

Other: \_\_\_\_\_

**College/College Plans:** Please list name of school(s) and present status.

A. Name: \_\_\_\_\_

\_\_\_\_\_ Prefer to Attend    \_\_\_\_\_ Have Applied    \_\_\_\_\_ Accepted    \_\_\_\_\_ Now Attending

B. Name: \_\_\_\_\_

\_\_\_\_\_ Prefer to Attend    \_\_\_\_\_ Have Applied    \_\_\_\_\_ Accepted    \_\_\_\_\_ Now Attending

C. Name: \_\_\_\_\_

\_\_\_\_\_ Prefer to Attend    \_\_\_\_\_ Have Applied    \_\_\_\_\_ Accepted    \_\_\_\_\_ Now Attending

Course of study I'm planning to pursue/pursing: \_\_\_\_\_ Degree: \_\_\_\_\_

What is your current academic level (based on credit hours)? **COLLEGE TRANSCRIPTS REQUIRED.**

\_\_\_\_\_ Freshman    \_\_\_\_\_ Sophomore    \_\_\_\_\_ Junior    \_\_\_\_\_ Senior

Approximate number of quarters/semesters remaining before graduation:

\_\_\_\_\_ semester(s)/quarter(s) remaining

**Special Recognition:** Please list honors, awards, scholarships, honor societies, etc.

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**Activities:** Please list high school/college activities (sports, clubs, etc.) and organized outside activities including community service.

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**References:** Three letters of reference are required. At least one should be from recent high school teacher, college teacher or work supervisor.

**Certification:** I acknowledge that any scholarship awarded is with the understanding that I will comply with the rules of the AdventHealth Gordon Foundation scholarship committee provided to me. I also understand that if I have not enrolled in an accredited school or course within 365 days of scholarship being awarded, the funds will be relinquished. I hereby certify that all statements contained herein are true and correct.

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*Signature of Applicant*

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*Date*

**Please complete this form and return it to:**

AdventHealth Gordon Foundation  
PO Box 304  
Calhoun, GA 30703

**Deadline: April 19, 2024 at 3 pm**