



# SCHOLARSHIP/FINANCIAL AID APPLICATION

Must be received by *The Posted Scholarship Deadline Date*

Conference (Circle ONE):

**JYA**

**YA**

**GUNA**

**Name** \_\_\_\_\_

*First (name you are called) & Last*

**Home Address** \_\_\_\_\_

*Number Street City Zip*

**Home Phone** (\_\_\_\_) \_\_\_\_\_ **Grade:** 6 7 8 9 10 11 12

**School** \_\_\_\_\_ **School Phone** (\_\_\_\_) \_\_\_\_\_

**School Address** \_\_\_\_\_

*Number Street City Zip*

**Who do you live with** (parent, grandparent, guardian, etc.)? \_\_\_\_\_

**How many children under the age of 18 live in your household?** \_\_\_\_\_

List ages: \_\_\_\_\_

**Do you (student) work?** Yes \_\_\_\_\_ No \_\_\_\_\_ **If so, how many hours per week?** \_\_\_\_\_

**Do you (student) drive a car to school or work?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Are you (student) responsible for the gas, maintenance, and/or insurance?** Yes \_\_\_\_\_ No \_\_\_\_\_

Which ones? \_\_\_\_\_

**Do you (student) have a cell phone?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Are you (student) responsible for the payments?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Does your family currently receive financial assistance (free lunch, disability, etc.)?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, of what type? \_\_\_\_\_

*If there is any other information you feel we should know in considering your application, please attach a letter explaining your circumstances.*

**ANNUAL HOUSEHOLD INCOME:** \_\_\_\_\_ *\*Note incorrect or false income reporting may void award or nullify request. \*This part is required. If left blank, a scholarship award cannot be completed.*

### Information About Your Parents or Guardians:

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

### To be filled out by the Delegation Advisor (or guardians if Advisor has limited knowledge).

Briefly explain why the student is in financial need of this scholarship (family situation, school lunch program, medical costs, etc.). Please note if this is left blank this form will not be considered.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Advisor (Coach) name \_\_\_\_\_ Cell phone \_\_\_\_\_

*In support of the GCCE's mission, "The Georgia Center for Civic Engagement provides programs for our youth which promote self-esteem, leadership skills, and a sense of moral and civic responsibility.", the undersigned agree that to the best of our knowledge, the information provided on this form is accurate.*

Student's Signature \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Coach/Advisor's Signature \_\_\_\_\_

Mail or fax to: Georgia Center for Civic Engagement, P.O. Box 3789, Cartersville, GA 30120. Fax # 770-455-0101

Or Scan/Email to: [registration@georgiacivics.org](mailto:registration@georgiacivics.org)

*\*Applications for student financial assistance apply to schools not receiving additional grants & community based support.*