**GARVICE KINCAID SCHOLARSHIP APPLICATION**

**FAYETTE COUNTY SCHOOLS**

*Application* ***MUST*** *be typed.*

**School:** Click here to enter school **Date of Application:** Click here to enter date

**1. Student Information: Name:** Click here to enter name

**Address:** Click here to enter street Click here to enter city, state & zip code

**Street**  **City, State & Zip Code**

**Date of Birth:** Click here to enter DOB  **Place of Birth:** Click here to enter place of birth

**Phone #:** Click here to enter phone # **Email Address:** Click here to enter email address

**2. Family Data: Person with whom student resides: Father  Mother  Guardian**

**Name of Father/Guardian**: Click here to enter father/guardian

**Address:** Click here to enter street Click here to enter city, state & zip code  
 **Street** **City, State & Zip Code**

**Living or Deceased:** Click here to enter text

**Name of Mother/Guardian:** Click here to enter mother/guardian

**Address:** Click here to enter street Click here to enter city, state & zip code

**Street** **City, State & Zip Code**

**Living or Deceased:** Click here to enter text.

**Fathers Place of Employment:** Click here to enter employment

**Job Title:** Click here to enter title

**Address:** Click here to enter street Click here to enter city, state & zip code

**Street** **City, State & Zip Code**

**Salary before Taxes:** Click here to enter salary  **Phone:** Click here to enter phone

**Mothers Place of Employment**: Click here to enter employment

**Job Title:** Click here to enter title

**Address:** Click here to enter street. Click here to enter city, state & zip code  
 **Street** **City, State & Zip Code**

**Salary before Taxes:** Click here to enter salary **Phone:** Click here to enter phone

**3. Other Children in the Family, living at address given:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Sex** | **Age** | **School Attending** |
| Click here to enter name | Click here | Click here | Click here to enter school |
| Click here to enter name | Click here | Click here | Click here to enter school |
| Click here to enter name | Click here | Click here | Click here to enter school |
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| Click here to enter name | Click here | Click here | Click here to enter school |
| Click here to enter name | Click here | Click here | Click here to enter school |

**4. Other Scholarship applied for, received or pending:** Click here to enter other scholarships

**5. Family Assets: Rental Property, Stocks or other Business interests:** Click here to enter any family assets

**6. Debts: Home Mortgage, Credit Cards, or Medical Bills:** Click here to enter any family debts

**7. Copy of Grade point average at the end of the 11th grade:** Please attach grades

**8. Counselor comments and recommendations are requested:** Please attach Counselor comments

***We also request that a letter describing the student’s reasons for applying for the scholarship and their educational plans be attached to each application. In the letter they may also include any extenuating circumstances not included in the application form.***