

GOSHEN ALUMNI SCHOLARSHIP

Application due to the counseling office by 3:00 p.m. on April 28, 2023.

Name (Please Print) _____
Last First Middle

Home Address _____
Street City State & Zip

Date of Birth _____ County _____ Telephone _____

Condition of Health _____

Name of Parent or Guardian _____

Occupation: Father _____ Employer _____

Mother _____ Employer _____

Number of brothers _____ sisters _____

Are they enrolled in school? _____ If so, where? _____

Have you received any other scholarships? _____ If so, what amount _____

Have you applied for any other scholarship assistance? _____ What amount? _____

School you plan to enter _____

What are your career goals? _____

Please list the activities in which you have been a participant in school, community, and church, with the offices held or honors attained.

Why are you applying for this scholarship? (Please attach an essay to application)

- Each application should be accompanied by (2) letters of recommendation or endorsement.
- Monies not used will be returned to the scholarship committee
- You must have a G.P.A. of 2.5 or better.
- Please attach an official transcript.

I fully understand that in accepting a scholarship, it is my intention to continue my education in a recognized post high school curriculum, and that the money will be disbursed to me only upon a formal enrollment and acceptance in the chosen school.

Date _____ Applicant Signature _____

Parent/Guardian Signature _____

*Please indicate if your parents/ grandparents are Goshen Alumni. Yes _____

If so, what are their names _____