

APPLICATION FOR THE HOME BUILDERS ASSOCIATION OF GREATER SAVANNAH FOUNDERS SCHOLARSHIP FUND

High School Submits _____
as an applicant for the FOUNDERS SCHOLARSHIP PROGRAM. The applicant will graduate this Spring and plans to continue his/her education in college.

CRITERIA

The Scholarship Award will be made solely to further the home building profession by assisting students who will pursue a career directly related to the home building industry.

A CUMULATIVE GPA OF 2.5 OR HIGHER IS REQUIRED

Student's Home Address _____

Phone Number _____

E-Mail Address _____

Signature _____

Date _____

Note:

- Application must be fully completed, or it will be returned to the applicant
- Please attach a copy of your transcript/grades supplied by your high school
- Please attach one (1) recommendation letter from a teacher or counselor

Please mail to:
Patty Rietkovich
HBA of Greater Savannah
7116 Hodgson Memorial Drive
Savannah, GA 31406

Patty@homebuildersofsavannah.com

DEADLINE: April 12, 2024

**OBJECTIVE CRITERIA LIST
HOME BUILDERS ASSOCIATION OF GREATER SAVANNAH
SCHOLARSHIP FUND**

Student's Name _____

Please type or print legibly

I. ACT OR SAT Scores

ACT Composite Score _____ or SAT Combined Score _____

II. Student's Cumulative High School Grade Point Average EXCLUDING Spring Semester Senior

GPA (Cumulative) _____ - Unweighted _____

III. Where do you plan to attend College:

Have you been officially accepted to this College or University? _____

**IV. Have you applied for and/or received additional College Scholarships? _____
If Yes, Indicate Amount _____**

V. Financial Need

Indicate your family's adjusted gross income from last year's income tax return.

- | | |
|---|--|
| <input type="checkbox"/> Under \$15,000 | <input type="checkbox"/> \$30,001 TO \$35,000 |
| <input type="checkbox"/> \$15,001 TO \$20,000 | <input type="checkbox"/> \$35,001 TO \$50,000 |
| <input type="checkbox"/> \$20,001 TO \$25,000 | <input type="checkbox"/> \$50,001 TO \$100,000 |
| <input type="checkbox"/> \$25,001 TO \$30,000 | <input type="checkbox"/> Over \$100,000 |

Please Provide the following:

Mother:

NAME

ADDRESS, CITY, ST, ZIP

OCCUPATION

Father :

NAME

ADDRESS, CITY, ST, ZIP

OCCUPATION

Total Number of family members living at home _____

Total Number of dependents in your family including yourself _____

Number of Children _____ Ages _____ # Attending College _____

Required Attachment

- Please attach a copy of your transcript/grades supplied by your high school
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VI. EXTRACURRICULAR ACTIVITIES

Please describe your extra-curricular activities, clubs and any offices held

HONORS OR AWARDS:

COMMUNITY OR OTHER ACTIVITIES:

VII. WORK ACTIVITY

Are You Employed?? YES NO Where _____

If yes, Part Time or Full Time _____

Describe other work activities such as helping at home, family business, etc.
