



## Continuing Scholarship Application

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

Last

First

Middle

Mailing address: Street or Box# \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email address \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_ GBHS Class Of: \_\_\_\_\_

College/University/Vocational school: \_\_\_\_\_

Major: \_\_\_\_\_

G.P.A. \_\_\_\_\_

### A complete application includes

- Download application, complete, mail to  
P.O. Box 385 Gold Beach, OR. 97444
- A letter explaining career path
- A letter of reference from a college  
professor/instructor
- An official transcript from college

### Terms of Eligibility

- \* The award is not automatically renewable, must reapply each year.
- \* Awards must be claimed by December 15th of the year awarded.
- \* Recipients may transfer the award from one eligible institution to another institution upon approval of the Board.
- \* Application Packets must be received prior to April 1

**1. Class and School Organizations and Offices Held (if any):**

[Note: This information can be included on a separate typed sheet, if desired.]

School Year	Class or School Organization	Office Held

**2. Civic and Community Activities – Type of Activity and Role/Duties:**

[Note: This information can be included on a separate typed sheet, if desired.]

School Year	Activity	Role/Duties

**3. Work Experience (School Year/Summer):**

[Note: This information can be included on a separate typed sheet, if desired.]

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**Financial Information**

Free application for Federal Student Assistance: \_\_\_\_\_ Filed \_\_\_\_\_ Pending \_\_\_\_\_ Awarded

Awarded grants Pell \_\_\_\_\_ Other \_\_\_\_\_

EFC (expected family contribution) \_\_\_\_\_

**Current/Prior School Year Income & Expenses**

Total Household Income & Expenses	
Wages	
Unemployment	
Social Security	
Financial Aid	
Work Study/Learn & Earn	
Scholarships	
Loans	
Child Support	
Alimony	
TANF	
Food Stamps	
Financial Support from Family/friends	
<b>Total</b>	

**Current/Next School Year Household Expenses**

Rent/house payment	
Utilities (gas, water, electric)	
Car Payment, gas, repairs	
Phone	
Clothing	
Child Care	
Medical	
Insurance (car, Medical, House)	
Loan payments *(explain)	
Credit Card Payment	
Other	
<b>Total</b>	

Number of People in household\_\_\_\_\_

If there are other circumstances that should be considered, please explain them. The information I have provided is true to the best of my knowledge.

\_\_\_\_\_  
**Applicant's Signature**

**Date:** \_\_\_\_\_