

Mary Ware Scholarship Fund Application

Applicant Data

Name: _____

Address: _____

City, State ZIP: _____

Phone: _____

Email: _____

SSN: _____

Date of birth: _____

High school currently attending: _____

Reside with (mark X at one): biological Parents ____ **Grandparents** ____ **other** ____

If other, what is the relationship? (example: aunt, uncle, friend, etc.): _____

Have you been in foster care? YES ____ **NO** ____

If you have been in foster care, please enter the following:

Age(s) while in foster care: _____

Intake date: __/__/__ **Exit date:** __/__/__

Are you a member of the Independent living program for the State of Georgia

Department of Family and Children Services? YES ____ **NO** ____

If yes, caseworker name: _____ **phone:** _____

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Please write your name on the back of this page.
Do not include any reference to your name on the front of the page.

Financial Information

Institution(s) applied to: _____

Parent(s) annual income: (attach FAFSA)

Annual Estimated Expenses:

Tuition: \$ _____

Room and Board: \$ _____

Books: \$ _____

Transportation: \$ _____

Other Estimated Income: Please list other scholarships you have applied for.

Have you been awarded of any of scholarships for the upcoming year? (If, so please explain.)

Financial contribution you may make (working in summer, at college etc.)

Please indicate any other financial information that you feel may help us with our determination.

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Community Involvement, Work Record, Awards

Clubs, Organizations and Community Service Record

List organizations, positions held, and dates of involvement:

Work Record

List employers, positions, and dates of employment:

Honors and awards

List name of award, awarded by, and date:

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Academic Achievement

GPA: _____ (must be supported by attached transcript)

Course selection:

List below Honors and/or AP classes taken during your high school years:

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Recommendation Form

To the applicant: Print your name on the back of this form. Provide an envelope for the person making the recommendation to use for the completed form. You are responsible for picking up the completed form in the sealed envelope, and including it with your application.

To the person making the recommendation: Because this is an anonymous selection, please do not use the applicant's name on the front of the form. Your contact information will be used for verification. Please seal and sign the sealed envelope before returning it to the applicant. All applications are due by April 15, 2012.

Name: _____ Signature: _____

Title: _____

Phone: _____

Email: _____

1. How long have you known the applicant?

2. In what ways have you been associated with the applicant?

3. Why are you recommending this applicant for the scholarship?

4. What are the first words that come to mind to describe the applicant?

5. Please tell us anything else you would like us to know about this applicant.

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Teacher Recommendation Form

To the applicant: Print your name on the back of this form. Provide an envelope for your teacher to use for the completed form. You are responsible for picking up the completed form in the sealed envelope, and including it with your application.

To the Teacher: Because this is an anonymous selection, please do not use the student's name on the front of the form. Your contact information will be used for verification. Please seal and sign the sealed the envelope before returning it to the applicant. All applications are due by April 15, 2012.

Teacher's name: _____ Signature: _____

Phone: _____

Email address: _____

1. How long have you known the applicant?

2. In what subjects have you taught this student?

3. What were the student's grades in this/these course(s)?

4. What are the first words that come to mind to describe the applicant?

5. Please tell us anything else you would like us to know about this applicant.

6. Would you recommend this student for a scholarship and why?
