



A UNIT OF THE UNIVERSITY SYSTEM OF GEORGIA

FOUNDATION
419 College Drive
Barnesville, GA 30204
Phone: 678. 359. 5739
Fax: 678. 359. 5738

Foundation Scholarship Application
FALL 2018 - SPRING 2019

For more information visit:
http://www.gordonstate.edu/fndscholarships

The Gordon State College Foundation offers scholarships to students who are currently enrolled and students accepted for enrollment. Scholarship recipients must register for a full-time schedule of 12 credit hours or more. Students accepted into the Nursing program may register for the required number of credit hours for their program which may be less than 12 credit hours. A student may only receive one Foundation scholarship per academic year. Scholarships are awarded based on criteria specified by the donors, which may include financial need, academic performance, academic major, hometown, or any combination. Scholarships restricted to students with financial need require submission of a FAFSA prior to the application deadline. It is strongly recommended that the FAFSA be submitted electronically three weeks prior to the deadline in order to allow adequate time for processing. You cannot be considered for a need based scholarship if a FAFSA is not processed by the scholarship deadline. Contact the Office of Financial Aid for questions or assistance with completing the FAFSA.

Your scholarship application will not be reviewed unless all the information is complete and you have been accepted by the application deadline. A scholarship essay and two recommendation forms (attached) are required in support of this application. One recommendation may be from a current teacher (not a counselor or principal) and one from any source other than a family member (example: supervisor, another teacher, church member, civic leader, scout master, etc.) Scholarship recipients will be notified in writing at the mailing address listed on the application. Submit completed applications to Gordon State College, Office of Institutional Advancement (Lambdin Hall Room 324) 419 College Drive, Barnesville, GA 30204. You can fax your application to 678-359-5738 or email to candib@gordonstate.edu.

ROUND 1 DEADLINE (for Fall 2018 disbursement): March 1, 2018
ROUND 2 DEADLINE (for Spring 2019 disbursement): September 1, 2018\*

The majority of the scholarships available will be awarded in Round 1. If there are scholarships not awarded in Round 1 or if additional funds become available they will be awarded in Round 2.
\*There is no guarantee that funds will be available in Round 2.

Full Name \_\_\_\_\_ ( \_\_\_\_\_ )
First Middle Last Preferred First Name
Gordon State ID Number \_\_\_\_\_ Birth date (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: [ ] Male [ ] Female
Mailing Address \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Alternate Phone ( \_\_\_\_\_ ) \_\_\_\_\_
County (not country) \_\_\_\_\_ Preferred E-mail\* \_\_\_\_\_

\*After classes begin, all future correspondence will be sent to your Gordon e-mail account. Please check it regularly!

Ethnicity: [ ] Black (Non-Hispanic Origin) [ ] White (Non-Hispanic Origin) [ ] Hispanic/Latin American\*
[ ] Multiracial [ ] Asian or Pacific Islander [ ] American Indian or Alaskan Native

\*Are you fluent in reading and speaking the Spanish language? [ ] Yes [ ] No

High School \_\_\_\_\_ City/State \_\_\_\_\_ Graduation Year \_\_\_\_\_

I plan to: [ ] Live on campus [ ] Commute from home [ ] Other housing in the area

\*If a FAFSA has not been processed by scholarship deadline you cannot be considered for a Financial Need Scholarship.

Intended Major \_\_\_\_\_ I plan to attend: [ ] FALL 2018 [ ] SPRING 2019 [ ] BOTH

\*If your intended major is Nursing, have you been accepted into the Nursing program? [ ] Yes [ ] No

ARE YOU CURRENTLY TAKING CLASSES AT GORDON? [ ] Yes [ ] No

GSC Class Rank effective at the beginning of Fall 2018: [ ] Freshman [ ] Sophomore [ ] Junior [ ] Senior

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

I or a member of my immediate family is employed at one of the companies listed below: (check all that apply)

- United Bank                       Southeastern Mills / Milner Milling                       Georgia Dept. of Transportation - Thomaston
- Osmoste/Koppers Performance Chemicals                       Roosevelt-Warm Springs Institute

Employee name and relationship to employee: \_\_\_\_\_

I am employed by a Law Enforcement Agency: \_\_\_\_\_ Position: \_\_\_\_\_

My parent(s) or grandparent(s) attended Gordon. Name(s) \_\_\_\_\_

- Gordon Military High School                       Gordon Junior College  Gordon State College
- Gordon Military College                       Gordon College

Extra-curricular Activities: *Include **previous** and **current** athletics, clubs, honors, awards and community service activities.*

	Month/Year	Month/Year
Activity: _____	Dates: ___/___ - ___/___	
Activity: _____	Dates: ___/___ - ___/___	
Activity: _____	Dates: ___/___ - ___/___	
Activity: _____	Dates: ___/___ - ___/___	
Activity: _____	Dates: ___/___ - ___/___	

Do you participate or plan to participate in any of Gordon State's **MUSIC** department programs (band or chorus)?  Yes  No

Will you work while attending school?  No  Yes If yes, typical number of hours employed per week: \_\_\_\_\_

I have read and understand the enclosed information. I affirm that the information which I have provided on this application form and any additional material that I submit related to the financial aid process is complete, accurate, and true to the best of my knowledge. I also understand that furnishing false information may result in revocation of my financial aid or may result in disciplinary action pursuant to the Gordon State College Code of Student Conduct.

Pursuant to the Family Education Rights and Privacy Act of 1974, as amended (FERPA), I hereby authorize Gordon State College to release this scholarship application information provided by me, as well as other official and unofficial Gordon State College information regarding my academic progress and status, to scholarship donors for the purpose of providing the donors with information concerning my eligibility as a recipient. In addition, this application also authorizes the Gordon State College Scholarship Selection Committee to check the recommendation forms I have provided and allows access to financial aid information supplied by the federal government to the Financial Aid Office of Gordon State College. **I understand that my submission of this application authorizes Gordon State College to publicize my name in connection with any scholarship award received.**

Scholarship Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY HIGH SCHOOL COUNSELOR OR PRINCIPAL**  
**Students not currently in high school may omit this step.**

TEST SCORES:            SAT:    Reading \_\_\_\_\_            Math \_\_\_\_\_            Writing \_\_\_\_\_

                                  ACT:    Reading \_\_\_\_\_            Math \_\_\_\_\_            English \_\_\_\_\_

Current GPA on a 4.0 scale \_\_\_\_\_ Current rank in class \_\_\_\_\_ of \_\_\_\_\_

Please sign below to verify the test scores, GPA, and class rank information provided above.  
In addition, please indicate your recommendation as appropriate. Thank you for your cooperation.

I recommend this student for scholarship support.

Signature of high school counselor or principal \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_





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SCHOLARSHIP  
 RECOMMENDATION  
 FORM

**Detach recommendation form and give to an individual (not a family member) who has provided supervision or is aware of the student's academic achievement, work ethic and personal character.**

Student's Name \_\_\_\_\_

Name of person completing this form \_\_\_\_\_

How long and in what capacity have you known this student: \_\_\_\_\_

School/Organization/Company \_\_\_\_\_

Title/Position \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please share what you think is important about this student. We welcome information that will help us differentiate this student from other scholarship applicants. You may attach an additional sheet, if needed.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed form to student or mail to the address listed at the top of this form.**

Compared to other students you know, how would you rate this student in the following areas:	Outstanding	Above Average	Average	Below Average	Inadequate Opportunity to Observe
Academic achievement and intellectual promise					
Leadership potential					
Motivation to learn					
Asks questions to better understand difficult concepts					
Contributes to classroom discussion					
Sets and achieves goals					
Successfully completes difficult tasks					
Works well with others					
Involved in extracurricular activities					
Written communication skills					
Personal qualities and character (maturity, motivation, integrity, initiative, enthusiasm, originality)					



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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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\_\_\_\_\_  
 \_\_\_\_\_  
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