

The Goizueta Foundation Scholars Fund at AASU 2009-10

Part 2: Application

Name: _____ Student ID # _____

Address: _____
PO Box / Street City State Zip

e-mail: _____

Home Phone: () _____ Birth date: _____ Gender: __female __male
Cell Phone: () _____ Month / Day / Year

Mother / Guardian's Name: _____ Phone: () _____

Address: _____
PO Box / Street City State Zip

Father / Guardian's Name: _____ Phone: () _____

Address: _____
PO Box / Street City State Zip

Other contact name: _____ Phone: () _____

Address: _____
PO Box / Street City State Zip

High School: _____ Graduation date: _____ H.S. GPA: _____

If you earned a GED, please indicate where: _____ GED Date: _____

College / Technical School: _____ overall GPA: _____
Number of credits earned: _____ Graduation Date, if any _____

Expected major at Armstrong Atlantic State University: _____

Are you currently enrolled at AASU? __ Yes __ No If not, have you applied for university Admission? __ Yes __ No

Have you been accepted by Admissions? __ Yes __ No (awards are granted to "accepted status" students only)

If you are a freshman, how did you hear about the HOLA Program and The Goizueta Foundation Scholarship? _____

I/we certify that the information provided on this form is accurate and complete to the best of my/our knowledge. I/we further understand that any false statement subjects me to forfeiture of my scholarship.

Applicant's Signature

Date

Parent / Guardian's Signature

Date

Note: if you are under the age of 18 or financially dependent of parents