

# ACADEMIC SCHOLARSHIP APPLICATION

Providing this information will not adversely affect any consideration you may receive for GTF services



## APPLICANT INFORMATION

<b>First Name</b>		<b>Middle Name</b>		<b>Last Name</b>	
<b>Mailing Address</b>					<b>Apartment/Unit#</b>
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>County</b>		
<b>Home Phone</b>		<b>Cell</b>		<b>E-mail</b>	
Male <input type="checkbox"/> Female <input type="checkbox"/>		<b>Marital Status</b>		<b>Social Security Number</b>	
<b>Date of Birth</b>	/	/	<b>Age</b>	<b>Number in Household</b>	<b>Children in Household</b>

## QUALIFYING DATA

<b>Name of Recipient</b> _____	<b>Relationship to Applicant</b> _____
<b>Date of Transplant</b>	<b>Organ</b>
<b>Transplant Center</b>	

## DEMOGRAPHIC INFORMATION

**Race** (optional - please check)     Hispanic     African American     Black     White, Non-Hispanic  
 Asian-American     Asian-Pacific Islander     Native American     Other

**Level of Education** (optional - please check)     GED     Attended High School (# of years \_\_\_\_),  High School Graduate  
 Technical Certificate/Diploma     Currently Enrolled in College     Attended College (# of years \_\_\_\_)  
 Associates Degree     Bachelors Degree     Masters Degree     MD/PhD     Other \_\_\_\_\_

**Current Source of Income** - (Please check **all** that apply)     Full-Time Employment     with benefits     Working Spouse  
 Part-Time Employment     with benefits     Parents Income     Retirement Pension  
 Social Security Retirement     Social Security Disability (SSDI)     Supplemental Security Income (SSI)

**Work Status** (please check)     Currently Employed; Employer Name \_\_\_\_\_  
 Medically Disabled \_\_\_\_\_     Retired     Unemployed \_\_\_\_\_  
Date Date

**Current Source of Healthcare Coverage** (please check **all** that apply)  
 Insurance (please circle: BCBS; United Healthcare; Humana; Kaiser; Atena; Other \_\_\_\_\_)     Parent's Insurance  
 Medicare     Medicaid     QMB Medicaid     Spend-down Medicaid     COBRA

**Check all that apply to you:**     Georgia Resident     Transplant Recipient     Dependent of a Transplant Recipient  
 Living Donor     Parent of a Transplant Recipient     Sibling of a Transplant Recipient

**How did you hear about GTF services?**     GTF Website/ IMPRINT Magazine/ Brochure     GTF Staff, Name \_\_\_\_\_  
 GTF Volunteer, Name \_\_\_\_\_     Transplant Center Staff, Name \_\_\_\_\_

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## SCHOLARSHIP APPLICANT NAME

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

## SCHOOL VERIFICATION

List all high schools, technical schools and colleges which you have attended:

School Name	City/State	Date Attended	Date Graduated	GPA

Test Scores                      ACT \_\_\_\_\_

SAT (reading & math sections) \_\_\_\_\_

List school and community activities, special awards, honors, advanced placement classes and leadership positions held:

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## COLLEGE/PROGRAM INFORMATION

Name of institution you plan to attend \_\_\_\_\_

Reason for selecting this institution \_\_\_\_\_

What degree or certificate are you pursuing \_\_\_\_\_

Reason for selecting this career \_\_\_\_\_

Have you been accepted into this school/program                      Yes \_\_\_\_\_ No \_\_\_\_\_                      Grade Level \_\_\_\_\_

Expected starting date \_\_\_\_\_ Expected completion date \_\_\_\_\_

Projected cost per year

Tuition/Fees	_____
Housing/Meals	_____
Books	_____
Travel	_____
Total	_____

Scholarships or Grants - List all scholarships/grants that you have been awarded, including HOPE

Name Scholarship	Annual Amount	Scholarship Duration

Do you currently have a student loan? \_\_\_\_\_

Approximate amount \_\_\_\_\_

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### SCHOLARSHIP APPLICANT NAME

First Name

Middle Name

Last Name

List others in your household currently in school:

Name	Relationship	School (Elem, HS, College)	Expected Date of Completion	Tuition

### HOUSEHOLD INCOME

Total Household Income Per Year (select one)

  
  

Less than \$50,000  
\$50,000 to \$100,000  
\$100,000 to \$150,000

  
  

\$150,000 to \$200,000  
\$200,000 to \$250,000  
Greater than \$250,000

### SIGNATURE

I declare that the information reported is true, correct and complete.

Applicant's Signature

Date

Parent's Signature (if Applicant is under 18 years of age)

Date

### ADDITIONAL REQUIREMENTS

#### School Verification/Transcripts

- 1) Official high school transcript (Grades 9-12, or fall semester) OR College/Technical school transcript for all courses.
- 2) GED certificate, if applicable
- 3) Copy of acceptance letter to your current institution
- 4) If your last schooling was more than 5 years ago, current admission testing is acceptable in place of high school transcripts

#### Student's Personal Statement

Submit a Personal Statement, describing yourself and how the transplant has affected your life. Tell us something about you that would help us to know you better. You might relate some event that changed your life or beliefs, or an issue about which you have strong feelings. Please tell us about your life goals as they relate to your field of study.

#### Letters of Recommendation

Two (2) Letters of Recommendation, including contact information. One should be from an academic source. No letters from relatives or classmates.