

**Scholarship Application**

**Geneseo is For Tomorrow (GIFT) Foundation  
affiliate of  
Community Foundation of the Great River Bend  
Address: 100 West Main Street, Geneseo, Illinois 61254  
Telephone: (309) 944-GIFT Fax: (309) 944-2647**

**Name of Scholarship:** \_\_\_\_\_

**Applicant Information**

Name: \_\_\_\_\_  
Last First Middle

Permanent Address: \_\_\_\_\_  
Number & Street

City County State Zip

Date of Birth: \_\_\_\_\_ Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month/Date/Year

Telephone Number: \_\_\_\_\_

Date you began living our Iowa/Illinois service area on a permanent basis: \_\_\_\_\_  
Month/Year

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
School Name Month/Year

**Family Information**

Name of father/stepfather/guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Name of mother/stepmother/guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Spouse's name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Check if applicable: ( ) Father deceased ( ) Mother deceased

How many dependent children do your parents have including yourself? \_\_\_\_\_ Ages \_\_\_\_\_

How many are in college at present? \_\_\_\_\_

How many children are living at home full-time? \_\_\_\_\_

Combined gross average annual income? \_\_\_\_\_

How much can your parents contribute annually? \_\_\_\_\_

How much can you contribute annually? \_\_\_\_\_

Will you work while attending school? \_\_\_\_\_

Are you willing to borrow, if necessary, to finish school? \_\_\_\_\_

Applicant's unmet need \$ \_\_\_\_\_

**High School Record**

A. High School grade point average (GPA) \_\_\_\_\_

B. Senior Class rank \_\_\_\_\_

C. Number of students in class \_\_\_\_\_

D. ACT \_\_\_\_\_ SAT \_\_\_\_\_

E. Attach a copy of your high school transcript.

F. Please list in order of preference five colleges to which you have applied or are attending. Please note if you have been accepted and/or plan to attend.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**School Activities**

In the space below, please list extracurricular activities in which you have participated during the past four years. (Include clubs, debate, school sports, student government, fine arts, etc.)

Activity	Number of Years	Approximate Time Spent Outside Of Class		Leadership Positions, Letters Earned, Awards, Recognition, Etc.
		Hrs/Wk	Wks/Yr	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Community & Personal Activities

In the space provided below, please list community, church/synagogue, and personal activities in which you have participated during the past four years. (Include volunteer work, youth programs, athletic programs, music, 4-H, etc.)

Activity	Number of Years	Approximate Time Spent Hrs/Wk Wks/Yr	Leadership Positions, Awards, Honors, Recognition, Etc.

**Work Experience**

In the space provided below, please list any paid work experience (including self-employment) you have had during the past four years. Include summer employment as well as employment during the school year. Complete this information beginning with your most recent work experience.

Employer	Nature of Work (Include Supervisory Positions)	Dates of Employment	Hrs/Wk

**COLLEGE/UNIVERSITY INFORMATION**

Year in college during the coming academic year:  
 Freshman     Sophomore     Junior     Senior

Will you be a full-time student? \_\_\_\_\_ Yes \_\_\_\_\_ No

Major field of study: \_\_\_\_\_

Anticipated date of college graduation: \_\_\_\_\_  
Month/Year

**Aspirations & Goals**

Please submit a short paragraph essay describing yourself, including personal aspirations, educational, and career goals. This essay should be no longer than one typewritten, double-spaced page.

Please report any additional information or factors, which you believe, should be considered in reviewing your application.

**References**

Please provide 2 written recommendations and fill in the below information on the persons making the recommendations.

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

**Certification**

I hereby affirm that the information provided on this form is accurate and complete to the best of my knowledge.

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

\_\_\_\_\_  
Date

**RETURN TO: GIFT Foundation 100 West Main Street, Geneseo, Illinois 61254**