

GDS FAIR SCHOLARSHIP APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone(s) _____ Birth Date _____

Email _____

High School _____

Names of Parents/Guardians _____

Are you a Member of the GDS Fair? _____

Are your parents/guardians or grandparents members? If yes, list their name(s)

Will you graduate from high school in spring of this year? _____

Name of College, Business or Trade School you will be attending and address:

Field of Study or Major _____

When will you start your courses/program at this institution? _____

I hereby authorize the High School Guidance Office to verify information on this page and to release all applicable information to the GDS Fair Scholarship Committee.

Student's signature

Date

**** Remember to attach your typed essay and responses to the questions on the previous page when submitting this application.**