

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.