

The George Foundation Scholarship Program

for students attending

Houston Community College System

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline May 25

FOR SCHOLARSHIP
MANAGEMENT
SERVICES USE ONLY

I.D. #	SPC	

**APPLICANT
INFORMATION**

Last Name _____ First _____ Middle Initial _____

Permanent Home Mailing Address _____ Apartment # _____

City _____ State **Texas** ZIP Code _____

Telephone (_____) _____ Email Address _____

Social Security Number _____ Date of Birth: Month _____ Day _____ Year _____

I am a resident of Fort Bend County, TX Yes No I am a citizen of the United States Yes No

If not a citizen: I am a permanent resident of the U.S. Yes No If Yes, your U.S. permanent resident ID # _____

As defined in the guidelines, I am applying as a: "first generation" college student "nontraditional" college student

Are you currently receiving a George Foundation Scholarship? Yes No

Please indicate your status. (For statistical purposes only) Male Female

American Indian/Alaska Native Black/African American Multi-Racial White

Asian Hispanic/Latino Native Hawaiian/Pacific Islander

**PARENT
OR
GUARDIAN
INFORMATION**

(Dependents
only)

Last Name _____ First _____ Middle Initial _____

Address _____ The applicant is a dependent Yes No

Relationship to Applicant _____ Day Telephone (_____) _____

Email Address _____ Fax Number (_____) _____

**EDUCATIONAL
HISTORY
AND PLANS**

Name of High School _____

City _____ State _____

High School Graduation Date: Month _____ Year _____ Date Received GED (if applicable) Month _____ Year _____

Name of postsecondary school you plan to attend.
Houston Community College System State **Texas**

Year in school **next** year: 1 2 3 4 5

Major or course of study: _____ Expected graduation date: Month _____ Year _____

Degree sought: Bachelor's Associate Certificate Other _____

Student will: live on campus live off campus

Name **all** postsecondary schools you previously attended (if any). **Use official school name. Do not use abbreviations.**

School: _____ City _____ State _____

Dates Attended: From _____ To _____ Total Credits Earned: _____ Degree Earned (if any): _____

Full name on transcript, if different from applicant's current name above _____

School: _____ City _____ State _____

Dates Attended: From _____ To _____ Total Credits Earned: _____ Degree Earned (if any): _____

Full name on transcript, if different from applicant's current name above _____

(If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format.)

FINANCIAL DATA (REQUIRED)

To be considered for an award, this section must be filled out completely. Adjusted gross income and total federal income tax amounts must be from the most recently filed tax return.

A copy of page one and two of the IRS FORM 1040 must be included with this application.

Instructions for this section are provided in the guidelines.

- I am a dependent student. The parent/guardian should complete this section as the data below represents the parent/guardian's finances. The tax form submitted shows the applicant claimed as a dependent.
- I am an independent student. The data below represents my and my spouse's (if applicable) finances.

1. State of Residence	_____ Texas _____	6. Medical and Dental Expenses not paid by insurance (exclude premiums)	\$ _____
2. Adjusted Gross Income (FORM 1040)	\$ _____	7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401k) \$	_____
3. Total Federal Tax Paid (FORM 1040)	\$ _____	8. Total number of family members living in the household and primarily supported by the reported income ...#	_____
(Not the amount withheld from paychecks)		9. Marital status of parent, guardian or self:	
4. Total Income of Father (Self)	\$ _____	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single	
Total Income of Mother (Spouse).....	\$ _____		
5. Yearly Untaxed Income and Benefits:		10. Of the total number of family members on line 8, number of students attending college at least half-time during the next school year (include applicant, exclude parents) ...#	_____
Please indicate source –			
<input type="checkbox"/> Social Security <input type="checkbox"/> AFDC <input type="checkbox"/> Child Support			
<input type="checkbox"/> Other	\$ _____		

OTHER AWARDS

Please list the name and annual amount of any grants or scholarships you have been awarded for the upcoming school year only.

Name of Award:	School to which award will be applied:	Amount:	Check One:
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending

TRANSCRIPT INFORMATION

A complete transcript of grades **must** be sent with this application. Grade reports are not acceptable.

1. **Applicants currently or previously enrolled in college or vocational-technical school must** include all college or vo-tech transcripts of grades from each school attended. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken.
2. **Applicants who have completed less than one full term** of postsecondary education **must** include a high school transcript of grades.
3. **Applicants who have completed less than one full term of postsecondary education and who did not graduate from high school** but have taken the General Educational Development (GED) test must provide a copy of their GED certificate and test scores.

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship Management Services on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application
- Copy of page one and two of IRS FORM 1040
- Complete Transcript(s) of Grades (including grading scale)
- If applicable, copy of applicant's U.S. Permanent Resident Card

All materials, including transcript(s), must be addressed to:

The George Foundation Scholarship Program
Scholarship Management Services
One Scholarship Way
Saint Peter, MN 56082

Postmark deadline May 25

CERTIFICATION

Scholarship Management Services has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship Management Services. (It is recommended you keep a copy for your files.)

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades. I authorize my college to release my academic information to Scholarship Management Services and The George Foundation. Falsification of information may result in termination of any award granted.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____
(If applicant is dependent)