

COMMUNITY FOUNDATION of GREENE COUNTY
COMMON SCHOLARSHIP APPLICATION COVER FORM

General and Academic Information
(Please TYPE or print in BLACK or BLUE ink)

Each application must be accompanied by your appropriate
Scholarship Letter or Essay, Support Materials, Official Transcript and Official Attendance Record
Please submit Five (5) copies of the Scholarship Application Packet.

Name: _____
 First **Middle** **Last** **Last 4 digits of SSN**

Address: _____
 Street **City** **State** **Zip**

Home Phone: _____ Email: _____

Name of Father/Stepfather/Guardian: _____

Name of Mother/Stepmother/Guardian: _____

High School: _____ H.S. Graduation Date: _____

Birthdate: _____ Cumulative GPA: _____ SAT/ACT Score: _____

List College(s)/Technical/Vocational School(s) Planning to Attend:

School Name	City/State	Have you been		Status	
		Accepted?		FT	PT
_____	_____	Yes	No	FT	PT
_____	_____	Yes	No	FT	PT
_____	_____	Yes	No	FT	PT
_____	_____	Yes	No	FT	PT

Profession/Vocation/Intended Major/Discipline: _____

Begin Date: _____ Expected Graduation Date: _____