COMMUNITY FOUNDATION of GREENE COUNTY

SCHOLARSHIP COVER SHEET

General and Academic Information

(Please TYPE or print in BLACK or BLUE ink)

Please complete a separate Scholarship Cover Sheet for each scholarship application.
This Scholarship Cover Sheet must be accompanied by all attachments required as part of the specific Scholarship criteria. See specific Scholarship Criteria Sheet for details and due dates.
Please submit One (1) copy of the Scholarship Application Packet.

Scholarship Name Applying for: _____

Applicant Name: _____ _____
First Middle Initial 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:** _____ **ACT Composite Score:** _____

SAT Scores: Critical Reading: _____ **Math:** _____ **Writing:** _____

List College(s)/Technical/Vocational School(s) Applied for Admission:

School Name	**City/State**	**Indicate confirmation of: Acceptance**		**Status**	
_____		Yes	No	FT	PT
_____		Yes	No	FT	PT
_____		Yes	No	FT	PT
_____		Yes	No	FT	PT

Anticipated Profession/Vocation/Intended Major/Discipline: _____

Begin Date: _____ **Expected Graduation Date:** _____

Estimated Family Contribution: _____Attach copy of Student Aid Report (SAR) Acknowledgement