



Faith, Hope and Charity Recycle Store, Inc.  
449 Industrial Blvd., Suite 120  
Ellijay, GA 30540

## SCHOLARSHIP APPLICATION

Date of application \_\_\_\_\_ Date scholarship funds needed: \_\_\_\_\_

### Personal information:

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Birthplace: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Soc. Sec. Number: \_\_\_\_\_ Drivers license # \_\_\_\_\_  
*Photo copy of Soc. Sec. Card and Driver's license is required.*

Spouse's name (if married) \_\_\_\_\_

Parents' name \_\_\_\_\_

Number of years living in Gilmer county \_\_\_\_\_ U.S. citizen \_\_\_\_\_

Date of high school graduation \_\_\_\_\_ or date of GED \_\_\_\_\_

### Income information:

Total number living in household \_\_\_\_\_

Your household yearly income (include child support, food stamps, WIC, disability, TANF, SSI and any other income). Include income of all members of household.

Have you completed a FAFSA? \_\_\_\_\_ If yes, provide documentation of eligibility or non-eligibility for aid. If no, explain why \_\_\_\_\_

List any financial aid (for college) you are or will receive. You must have the college verify all aid you do or will receive. \_\_\_\_\_

**College information:**

College in which you are enrolled/accepted for enrollment \_\_\_\_\_

Date of first enrollment \_\_\_\_\_ Expected date of graduation \_\_\_\_\_

Major field of study \_\_\_\_\_ Current GPA \_\_\_\_\_

*Note: You must provide a transcript of credits from the college by mail to the address above or have your college mail the transcripts directly to FHC at the address above.*

**Other information:**

Please describe any school, community or church activities in which you currently participate:

Explain why you need this scholarship: \_\_\_\_\_

**Applicant must read and sign below to be eligible for consideration:**

1. I certify that all above information is complete and accurate to the best of my knowledge. I understand that any false information will cause me not to be eligible for scholarship funds.
2. I give my consent, in accordance with the Family Education Privacy Right Act, to allow financial or academic/enrollment information to be released to the FHC Scholarship Committee to be used to verify eligibility for scholarship funds.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail this Scholarship application along with required documents to the address above to the attention of the Scholarship Committee.

Thank you for supporting Faith Hope and Charity Recycle Store, Inc.