

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

Scholarship Application

Date of application: _____ Date scholarship funds are needed: _____

Personal Information:

Name _____ DOB _____

Address _____

Email address: _____ Telephone _____
Cell # _____

Social Security number _____ Driver's License # _____

Spouse's name (if married) _____

Parent's name (if living with parents) _____

Number of years a Gilmer County resident _____

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) and income for all members of your household _____

Have you completed a FAFSA report? _____

List any financial aid (for college) you are receiving or will receive as well as estimated expenses. The college will provide this information.

College information:

Name of college where you are currently enrolled or accepted for enrollment:

Date of first enrollment: _____ Expected date of graduation: _____

Major field of study _____ Current GPA _____

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 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: _____