

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: _____

Name _____ DOB _____

Address _____ Zipcode _____

Email address: _____ Telephone _____
Cell # _____

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 _____

Did you attach a completed FAFSA Data Report _____ <https://studentaid.ed.gov/sa/fafsa>

(Note: This is REQUIRED or the application will not be considered)

List any financial aid (for college) you are receiving or expect to receive as well as estimated expenses. The college will provide this information. Include a copy from the college.

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

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: _____