**Faith, Hope and Charity Recycle Store, Inc.**

**Attn: Scholarship Committee**

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial information:**

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

Household yearly income, including child support, food stamps, WIC, disability, TANF, SSI and any other 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**)

Include a copy from the school of costs and expenses. List all financial aid and scholarships you are receiving or expect to receive. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:**

On the next few pages are a series of essay questions associated with the scholarship application. This is for the FHC Scholarship Committee to get to know who you are, what motivates you, your vision for yourself and your future, and why you want to further your education. Please answer all the questions thoroughly and limit your responses to the space provided.

1. What are your short-term and long-term goals? How do you plan to meet them? Describe the field of study you are interested in and why you chose this particular school.

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1. How do you plan to finance your college education? State any special, personal or family circumstances affecting your need for financial assistance. Do you plan to work while attending school?

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1. Who in your life is your role model or had the most influence on you? Why?

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1. ­­­­­­­­­­­­­­­­­­­­­­­ Discuss a local event, church program, or activity that you participated in and how it has impacted your life. How have you made a difference in your community?

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1. What is your greatest strength? Tell us about your leadership experience.

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**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**