

APPLICATION FOR STAFF COUNCIL'S
GINNY GROTTENDIECK MEMORIAL SCHOLARSHIP (12/17)

This \$250 scholarship will be awarded to a dependent of a Glenville State College employee. The fall semester award will be given to an incoming freshman each academic year. A second award may be given to a freshman or an upperclassman for the spring semester of each academic year proving there are sufficient funds available in the scholarship account.

NAME _____ ID# _____

NAME OF EMPLOYEE _____

RELATIONSHIP TO GSC EMPLOYEE: CHILD SPOUSE OTHER

ADDRESS: _____

APPLYING FOR: FALL SEMESTER SPRING SEMESTER 20 _____

HIGH SCHOOL GRADUATION DATE _____ GRADE POINT AVERAGE _____

IF UPPERCLASSMAN, OVERALL GPA _____

FIELD OF STUDY(MAJOR): _____

FINANCIAL AID CURRENTLY RECEIVING (IF ANY): _____

REASONS FOR APPLYING FOR THIS SCHOLARSHIP: _____

I hereby give my permission for Staff Council to obtain information from both my academic and financial aid records for assistance in determining my eligibility for this scholarship.

Signature of applicant

Date

Due to laws governing the receipt of funds for higher education, the GSC Financial Aid office will be notified of your receipt of this scholarship.

RETURN COMPLETED FORM TO STAFF COUNCIL. ANY INCOMPLETE OR INCORRECT APPLICATIONS RECEIVED WILL NOT BE CONSIDERED.

Date application received: _____ Date application reviewed: _____