

# Global Grants and Scholarship Solutions Application



<b>Legal Full Name:</b> <i>(print)</i>	Last Name	First Name	Middle Initial
	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	
<b>Permanent Residence:</b>	Number, Street, and Apartment Number:		
City	State	ZIP	
<b>Home Telephone:</b>	(      )		
<b>Email Address:</b>			
<b>Parent/Legal Guardian Residence:</b> <i>(If different from above)</i>	Number, Street, and Apartment Number		
City	State	ZIP	
<b>Primary Telephone:</b>			
<b>E-mail address:</b>			
<b>Date of Birth :</b>		<b>Age:</b>	
(Check one) I am a <input type="checkbox"/> U.S. citizen <input type="checkbox"/> U.S. national <input type="checkbox"/> Resident alien expecting citizenship by the date of award			
ACT Score: _____		SAT Score: _____	
<b>Name of Current High School and Grade Level :</b>			
<b>Names of Recommendations &amp; References</b>	1. 2. 3.		
<b>Current GPA:</b> <i>(Provide Transcript)</i>			
<b>What is your career choice? What do you want to be?</b>			
<b>3 Colleges You Wish to Attend:</b>	1. 2. 3.		

List high school activities (student government, sports, publications, school-sponsored community service programs, student-faculty committees, arts, music, etc.). List in descending order of significance.

High School Activity

Dates

Offices

1.

2.

3.

4.

List public service and community activities (homeless services, environmental protection/conservation, advocacy activities, work with religious organizations, etc.). Do not repeat items listed previously. List in descending order of significance.

Activity

Role

Dates

1.

2.

3.

4.

Describe yourself in 140 characters or less. (Similar to a Tweet on Twitter):

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## Statement of Accuracy

I \_\_\_\_\_, Parent(s) of \_\_\_\_\_, have read and understand the conditions of my Global Grants and Scholarship Solutions Application. I give permission to Counselors at my son/daughter's High School to communicate with G.G.S.S.'s Representatives. I also give permission to the Counselors to release transcripts of my child's academic record and other information requested for consideration for the scholarship opportunities. It is my understanding that this application will be made available to ONLY qualified individuals associated with the scholarship process. I give consent to G.G.S.S. to complete essays and to submit three (3) separate scholarship applications to my child's school of choice on record. G.G.S.S. has my (\_\_\_\_) permission to request Teacher and Counselor's recommendations on behalf of the scholarship process. I affirm my signature as confirmation of my full knowledge regarding the completion of the scholarship process.

**Parent(s) Signature:** \_\_\_\_\_

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

**CONFIRMATION NUMBER:** \_\_\_\_\_

**ADVISOR'S SIGNATURE:** \_\_\_\_\_