



Scholarship Application
Due by March 15 submitted to
Geneseo is For Tomorrow (GIFT) Foundation
P.O. Box 265, Geneseo, Illinois 61254
Telephone: (800) 550-4100

GIFT is a component fund of the Quad Cities Community Foundation

Name of Scholarship: GARNER NURSING SCHOLARSHIP

Applicant Information

Name: Last First Middle

Permanent Address: Number & Street

City County State Zip

Date of Birth: Month/Date/Year Social Security Number

Telephone Number:

Date you began living our Iowa/Illinois service area on a permanent basis: Month/Year

High School: School Name Graduation Date: Month/Year

Family Information

Name of father/stepfather/guardian:

Address: Street City State Zip

Name of mother/stepmother/guardian:

Address: Street City State Zip

Spouse's name:

Address: Street City State Zip

Check if applicable: () Father deceased () Mother deceased

How many dependent children do your parents have including yourself? Ages

How many are in college at present?

How many children are living at home full-time?

Combined gross average annual income? _____

How much can your parents contribute annually? _____

How much can you contribute annually? _____

Will you work while attending school? _____

Are you willing to borrow, if necessary, to finish school? _____

Applicant's unmet need \$ _____

High School/Current College Record

A. Current grade point average (GPA) _____

B. Senior Class rank (if applicable) _____

C. Number of students in class (if applicable) _____

D. ACT (if in High School) _____ SAT (if in High School) _____

E. Please list in order of preference five colleges to which you have applied or are attending. Please note if you have been accepted and/or plan to attend.

1. _____

2. _____

3. _____

4. _____

5. _____

School Activities

In the space below, please list extracurricular activities in which you have participated during the past four years. (Include clubs, school sports, student government, fine arts, etc.) List approximate time spent, leadership positions, letters earned, awards received, recognition received, etc.

Community & Personal Activities

In the space provided below, please list community, church/synagogue, and personal activities in which you have participated during the past four years. (Include volunteer work, youth programs, athletic programs, music, 4-H, etc.) List approximate time spent, leadership positions, letters earned, awards received, recognition received, etc.

Work Experience

In the space provided below, please list any paid work experience (including self-employment) you have had during the past four years. Include summer employment as well as employment during the school year. Complete this information beginning with your most recent work experience. Give nature of work, dates of employment, indicate supervisory positions, and approximate hours per week.

COLLEGE/UNIVERSITY INFORMATION

Year in college during the coming academic year:

() Freshman () Sophomore () Junior () Senior

Will you be a full-time student? _____ Yes _____ No

Major field of study: _____

Anticipated date of college graduation: _____

Month/Year

Aspirations & Goals

Please submit a short paragraph essay describing yourself, including personal aspirations, educational, and career goals. Please include where you would like to work when you complete your education and in what medical field are you most interested. This essay should be no long than one double-spaced page. Please report any additional information or factors, which you believe, should be considered in reviewing your application.

References

Please provide 2 reference names whom we can contact for more information. Written references are not required.

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Certification

I hereby affirm that the information provided on this form is accurate and complete to the best of my knowledge.

Applicant's Signature

Date

RETURN TO: GIFT Foundation P.O. Box 265, Geneseo, Illinois 61254