

## **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

#### **Applicant Information**

]	First	M	iddle		
Number & Street					
County	St	ate	Zip		
Year	Social Security Number_	/	/		
wa/Illinois service area	on a permanent basis:	Month/Ye	ear		
	Graduation Da	nte:			
			onth/Year		
guardian:	•		Zip		
	City	State	Zip		
	City eceased including yourself?	State	Zip		
	County  Year  I Name ardian:  /guardian:	County St  Social Security Number  Year  wa/Illinois service area on a permanent basis:  Graduation Da  I Name  ardian:  City  City	Number & Street  County State  Social Security Number/		

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 yo 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, debate, school sports, student government, fine arts, etc.) Approximate Time Spent Leadership Positions, Number of Outside Of Class Letters Earned, Awards, Activity Years Hrs/Wk Wks/Yr Recognition, Etc.

# Community & Personal Activities

have participated during the past four years.	nmunity, church/synagogue, and personal activities in which you . (Include volunteer work, youth programs, athletic programs, musins, Number of Time Spent Awards, Honors, Activity Years Hrs/Wk
Wks/Yr Recognition, Etc.	
during the past four years. Include summer	paid work experience (including self-employment) you have had employment as well as employment during the school year. your most recent work experience. Nature of Work Dates of Employment Hrs/Wk
	E/UNIVERSITY INFORMATION
Year in college during the coming academic () Freshman () Sophomore () Junior () Ser	
Will you be a full-time student? 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:				
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