

APPLICATION FOR THE HOME BUILDERS ASSOCIATION OF GREATER SAVANNAH FOUNDERS SCHOLARSHIP FUND

(For current recipients or other applicants currently enrolled in a college or university)

_____ NAME OF APPLICANT

_____ COLLEGE OR UNIVERSITY
CURRENTLY ENROLLED

CRITERIA

THE SCHOLARSHIP AWARD WILL BE MADE SOLELY TO FURTHER THE HOME BUILDING PROFESSION BY ASSISTING STUDENTS WHO WILL PURSUE A CAREER IN HOME BUILDING PROFESSIONS.

A CUMULATIVE GPA OF 2.5 OR HIGHER IS REQUIRED.

APPLICANT'S HOME ADDRESS: _____

APPLICANT'S CONTACT PH: _____

APPLICANT'S EMAIL ADDRESS: _____

SIGNATURE: _____

DATE _____

Please mail to:
HOME BUILDERS ASSOCIATION OF GREATER SAVANNAH
7116 HODGSON MEMORIAL DRIVE
SAVANNAH, GEORGIA 31406

Patty@homebuildersofsavannah.com

DEADLINE: April 12, 2024

I. PLEASE COMPLETE THE FOLLOWING FINANCIAL INFORMATION:

HAVE YOU APPLIED FOR OR RECEIVED ANY SCHOLARSHIP(S) FROM OTHER ORGANIZATIONS?

_____ YES _____ NO IF YES, INDICATE AMOUNT \$ _____

II. FINANCIAL NEED

INDICATE YOUR FAMILY'S ADJUSTED GROSS INCOME FROM LAST YEAR'S INCOME TAX RETURN.

_____ UNDER \$15,000	_____ \$30,001 TO \$35,000
_____ \$15,001 TO \$20,000	_____ \$35,001 TO \$50,000
_____ \$20,001 TO \$25,000	_____ \$50,001 TO \$100,000
_____ \$25,001 TO \$30,000	_____ Over \$100,000

PLEASE PROVIDE THE FOLLOWING:

MOTHER:

NAME

ADDRESS, CITY, ST, ZIP

OCCUPATION

FATHER:

NAME

ADDRESS, CITY, ST, ZIP

OCCUPATION

TOTAL NUMBER OF FAMILY MEMBERS LIVING AT HOME: _____

NUMBER OF DEPENDENTS IN YOUR FAMILY INCLUDING YOURSELF: _____

CHILDREN _____ AGES _____ # ATTENDING COLLEGE _____

OTHER FINANCIAL CONSIDERATIONS WHICH NEED TO BE NOTED:

III. ACADEMIC INFORMATION

College/University _____ GPA* _____ Graduation Date _____

Student ID# _____ Stated Major _____

Financial Office Address _____

What directly related area of home building are you currently studying?

REQUIRED ATTACHMENTS:

- 1. OFFICIAL COLLEGE TRANSCRIPT**
- 2. A LETTER OF RECOMMENDATION FROM YOUR MAJOR PROFESSOR OR ADVISOR**

