

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 10, 2026

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**

