

TEXAS ASSOCIATION OF HEALTHCARE VOLUNTEERS, INC.
Gifts and Memorials Foundation, Inc.

APPLICATION FOR SCHOLARSHIP
\$1,000 per semester for up to 8 semesters

Applicant must be a Texas resident with at least two years of higher education; be a full-time student at an accredited Texas school; have a major in a healthcare field; be enrolled in 12 hours per semester; and have a 3.0 current and cumulative GPA.

Please complete the following form as fully as possible and return with a current transcript to: Janice Allen, 2109 Canyon Rock Court, Abilene Texas 79606; Phone: (325) 698-2844; email (allenjan@suddenlink.net).

Personal Information

Full Name: _____
Last _____ First _____ M.I. _____

Address: _____
Street Address _____ Apartment/Unit # _____

City _____ State _____ Zip Code _____

Home Phone: _____ Alternate Phone: _____

E-mail Address: _____

Social Security Number or Government ID: _____

Birth Date: _____ Place of Birth: _____

U.S. Citizen: _____

Are you currently employed? _____ Employer - Occupation: _____

Educational Background

Name of current school: _____ Classification: _____

Graduation date: _____ Major: _____

Grade Point - _____ Cumulative: _____

Current School(s) to which you have been admitted: _____ Course of Study: _____

Other post-high school education: _____ Dates of attendance: _____

Degrees Held - _____
Honors received : _____

Family Information

Parent's Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State Zip Code

Parent's Occupation: _____ Marital Status _____

Spouse; occupation, if applicable: _____

Briefly state why you feel that you need this scholarship:

Is there any other information you would like the Foundation to consider:

Applicant's Signature

Date