



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

APPLICATION FOR SCHOLARSHIP

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

(Must Re-apply every semester using the Reapplication Form available on the TAHV website)

Applicant must be a Texas resident having completed at least two years of higher education or the hours equivalent; 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. Application submission deadline is August 1 for the Fall Semester and January 15 for the Spring Semester.

Please complete the following form as fully as possible and return with an official current transcript and proof of enrollment to Scholarship Chairman – Mary Pfeffer, 1601 W. Walker St. Denison, TX 75020
Phone: (903.462.4284) Email (maryellenpfeffer@gmail.com)

Date of Application: _____

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State Zip Code

Home Phone: _____ Alternate Phone: _____

Email Address: _____ Student ID: _____

Birth Date: _____ US. Citizen: _____

Educational Background

Name of College Or University: _____ Classification: _____

Address of College Or University: _____

Projected Graduation Date: _____ Major: _____

Current GPA: _____ Cumulative GPA: _____

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

Degrees Held –
Honors received _____

Family Information

Parent's Name: _____
Last First MI

Address: _____
Street Address Apartment/Unit #

_____ City State Zip Code

_____ Phone Number

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