



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

**REAPPLICATION FOR SCHOLARSHIP
(For those currently participating in the TAHV Scholarship Program)**

The Scholarship Committee of the TAHV Gifts and Memorials Foundation will consider the information recorded below for reapplication. Please complete as fully as possible and return promptly to the Comptroller before the start of each semester. Application submission deadline is August 1 for the Fall Semester and January 15 for the Spring Semester.

Date of Reapplication: _____

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: _____

Educational Information

College or University Attending: _____ Classification: _____

Projected Graduation Date: _____ Current GPA: _____ Cumulative GPA: _____

Student must be enrolled FULL-TIME (for an undergraduate student, 12 hours per semester and for a graduate student, 9 hours per semester). Please attach an official current transcript and proof of enrollment.

Any other information you would like the Foundation to consider:

Applicant's Signature

Date:

**Send To: Janice Allen
TAHV Gifts and Memorials Foundation Comptroller
2109 Canyon Rock Ct.
Abilene, TX 79606**