

GRAND COUNSELOR'S ASSOCIATION SCHOLARSHIP APPLICATION FORM

ELIGIBILITY:

- Applicants have to be children, grandchildren, or great-grandchildren of a Grand Counselor's Association member, in good standing.
- Applicants may apply in their senior year of high school. Successful recipients of a scholarship are notified immediately upon selection, with proof of college entrance.

Name and Address of the GCA member.

Name: _____

Address: _____

City: _____ State/Prov.: _____ Zip/Postal Code: _____

Council No.: _____

Policy No.: _____

APPLICATION DEADLINE IS APRIL 1.

It is important to note that all applications will be considered anonymously. The applicant's name must appear only in the area provided on any attachments, including the letters of recommendations, essays or high school transcripts. The code number of the applicant must be used when the application is judged.

Please not: Applications not completed or not following these guidelines will be returned to the applicant.

Send completed application request to:

**Michael Quinn
167 Grove Ave.
Warwick, RI 02889**

Telephone No.: (401) 737-3556

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REQUIREMENTS:

- Acceptance at any post-secondary institution accredited by the National Association of school and colleges or the Department of Education where the institution is located.
- High School transcript or grades.
- Completion of Financial Need Statement (attached).
- Letter of Recommendation from principal or guidance counselor and other persons of note.
- Evidence of participation in community service to include any activities with your local UCT council and any volunteerism.

Are you a member of The Order of United Commercial Travelers of America? Yes No

If yes, give council number: _____, and policy number: _____.

SPECIAL AWARDS:

Academics: _____

Sports: _____

On a separate sheet of paper, list in your own words any additional information which will assist the committee in judging your merits as a recipient of this scholarship award.

Do not forget to mark all letters and essays with your code number.

All information contained herein will remain confidential and is for use of the GCA Scholarship Committee only.

Please answer all questions completely and legibly.

Accredited Institution or College you will attend: _____

Address: _____

City: _____ State/Prov.: _____ Zip/Postal Code: _____

Program of study in College: _____

Year of Graduation from College: _____

List your employment history with date to the present: _____

Name and Address of your present employer:

Name: _____

Address: _____

City: _____ State/Prov.: _____ Zip/Postal Code: _____

Telephone No.: (_____) _____

Is it necessary that you work while in college? Yes No

Identify and describe your work and volunteer experience: _____

Do you plan to be a full time or part time student? Full Time Part Time

If part time, how many semester hours will you be taking per term: _____

Total cost for the term: \$ _____ (Itemize on back)

Itemize Cost: Tuition: \$ _____

Books:..... \$ _____

Registration:..... \$ _____

Exact date of term: _____

Are you receiving assistance from any other source? Yes No

If yes, what type of assistance?:

This area for GCA entry only. Applicant Code No.: _____

Applicant Code No.: _____

Applicant Name: _____

Address: _____

City: _____ State/Prov.: _____ Zip/Postal Code: _____

Telephone No.: (_____) _____

Social Security No./Social Insurance No.: _____

I hereby affirm that all information contained in this application is true and accurate.

Applicant's Signature: _____

Date: _____