

# Georgia Association of Family and Consumer Sciences SCHOLARSHIP APPLICATION

One copy must accompany the scholarship package and must be word processed

Do not add additional pages to this form

GAFCS SCHOLARSHIP APPLYING FOR: GRADUATE  
TC TRANSCONTINENTAL UNDERGRADUATE  
SPIRIT OF GIVING UNDERGRADUATE

NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE NUMBER:

EMAIL:

NAME of INSTITUTION  
PRESENTLY ATTENDING:

PRESENT CLASSIFICATION

YEARS AT INSTITUTION

WILL SCHOLARSHIP BE USED  
at CURRENT INSTITUTION:

YES

NO

IF NO, NAME of INSTITUTION  
YOU PLAN TO ATTEND:

MAJOR:

GAFCS STUDENT MEMBER:

YES

NO

AAFCS MEMBERSHIP  
NUMBER:

30 WORD SUMMARY for  
PRESENTATION AT GAFCS  
ANNUAL CONFERENCE:

APPLICANT SIGNATURE:

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**OFFICIAL USE ONLY**

AWARD WINNER:

YES

NO

APPROVED by VP for AWARDS & RECOGNITION:

DATE:

MONETARY AWARD:

GAFCS CHECK NUMBER