## GWINNETT COUNTY RETIRED EDUCATORS ASSOCIATION STUDENT SCHOLARSHIP APPLICATION

#### CRITERIA AND GENERAL INFORMATION

The purpose of this scholarship award is to honor high school seniors from the Gwinnett County Public School System and/or City of Buford who are planning to enter teaching as a career. Academic ability and financial need will be reviewed, but the overriding criteria will be the applicant's sincere intention of becoming a teacher.

- 1. The scholarship award is \$1,500.00.
- 2. Only students who plan to attend an accredited college or university and major in the field of education are eligible to apply for this scholarship.
- 3. The scholarship will be paid directly to the respective college or university before the fall quarter or semester begins and in compliance with the institution's payment requirements.
- 4. Application must be postmarked by **March 1, 2021.**

Mail to: Dr. Janice L. Calkins, HS Scholarship Committee Chair 6920 Flagstone Way
Flowery Branch, Georgia 30542

- 5. Recipients will be notified by **April 2, 2021.**
- 6. Formal confirmation of the scholarship award will be made at the Gwinnett County Retired Educators Association luncheon meeting, **April 16, 2021**.

### 7. **Application Requirements**:

- A. **Two** letters of recommendation must accompany the application. **One** must be from a school official (administrators, teachers, or counselors) and the **other** from a person <u>not</u> associated with your school (i.e., church, community, club, etc.) Please do not include letters from family or adolescent friends.
- B. A copy of the applicant's transcript, showing SAT/ACT Scores and high school cumulative Grade Average, <u>must</u> accompany application.
- C. The application must be typed or printed in blue or black ink.
- D. <u>Incomplete applications will not be considered.</u>

# GWINNETT COUNTY RETIRED EDUCATORS ASSOCIATION SCHOLARSHIP APPLICATION

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ГЕLЕРНОПЕ		ADDRESS		
	HIGH SCHO	OOL		
YOU LIVE WITH BOTH PARENTS _	MOTHER ONLY	FATHER ONLY OTHER		
OCCUPATION OF FATHER	MOTHER	OTHER		
NAME OF BROTHER(S)/SISTER(S)	GRADE LEVEL	AGE SCHOOL		
ГОТАL FAMILY INCOME (before tax	es last year): circle one			
under \$15,000 \$15,000-30,000 \$30,0	000-50,000 \$50,000 -70,000	\$70,000-100,000 over \$100,000		
NAME AND COMPLETE ADDRESS (	OF COLLEGE/UNIVERSITY	YOU PLAN TO ATTEND		
City	State	Zip		
City HAVE YOU APPLIED YES NO		•		

## GWINNETT COUNTY RETIRED EDUCATORS ASSOCIATION SCHOLARSHIP APPLICATION (cont.)

### USING AS MANY ADDITIONAL SHEETS AS NECESSARY, COMPLETE THE APPLICATION AS FOLLOWS:

- I GIVE INFORMATION ON EACH OF THE TOPICS LISTED BELOW:
  - EXTRA CURRICULAR ACTIVITIES (school clubs, class offices, organized sports, etc.)
  - ➤ HONORS / AWARDS / ACHIEVEMENTS
  - > SPECIAL TALENTS / HOBBIES
  - > CHURCH / COMMUNITY ACTIVITIES
  - ➤ WORK EXPERIENCE, IF ANY

II WRITE ONE OR TWO SHORT PARAGRAPHS EXPLAINING YOUR REASONS FOR PURSUING A CAREER IN THE FIELD OF EDUCATION AND THE AREA YOU PLAN TO STUDY? (BE AS SPECIFIC AS POSSIBLE.)

III (Optional) ARE THERE ANY SPECIAL FAMILY CIRCUMSTANCES OR NEEDS YOU FEEL YOU WANT TO COMMUNICATE TO THE SCHOLARSHIP COMMITTEE? IF YES, EXPLAIN. REASONS WILL REMAIN CONFIDENTIAL.

APPLICANT'S SIGNATURE		
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CAREFULLY REVIEW THE **SELECTION CRITERIA AND REQIUREMENTS** (PAGE 1 OF YOUR APPLICATION) TO MAKE SURE YOUR APPLICATION IS COMPLETE. INCLUDE YOUR OFFICIAL TRANSCRIPT AND LETTERS OF RECOMMENDATION TOGETHER WITH THIS APPLICATION.