American Legion – Business Major
Scholarship Application 2012 - 2013
Due:  Friday 3/16/2012 at 5pm

Financial Aid Office    ~     5055 Santa Teresa Blvd.    ~     Gilroy, CA  95020

Applicant Requirement Checklist

Student status, ALL must be checked to apply:

☐ You must have a minimum cumulative GPA of 2.0. Private scholarship donors may require a higher GPA. The Financial Aid Office will screen all applications and forward eligible applicants to Scholarship Selection Committees for consideration.

☐ You are required to either attend Gavilan College in 2012 – 2013 academic year (Fall 2012, Spring 2013) OR transfer from Gavilan to a four-year university in 2012 – 2013.

☐ You graduated from high school in Gilroy or Morgan Hill.

☐ Your major field of study must be: Business.

☐ **Submit a complete application packet which includes:**
  - Gavilan College Scholarship Checklist
  - Scholarship Application
  - Personal Statement (**one page maximum**)
  - Unofficial High School transcripts (**if you are a current high school senior**).
  - If you are a current Gavilan College student, you **do not need** to submit Gavilan official transcripts. The Financial Aid Office will request unofficial transcripts from Admissions & Records for Gavilan students.

Signature

I understand the requirements for scholarship.

Student Signature:  ___________________________  Date:  _______________________

Gavilan College Scholarship Application - page 1
# American Legion – Business Major

**Scholarship Application 2012 - 2013**

Due: **Friday 3/16/2012 at 5pm**

Financial Aid Office ~ 5055 Santa Teresa Blvd. ~ Gilroy, CA 95020

## Applicant Information

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<tr>
<th>Full Name:</th>
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<tr>
<td>Last</td>
<td>First</td>
<td>M.I.</td>
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Gavilan ID: G00 ____________________________ OR SSN ____________________________

Mailing Address:  

| P.O. Box or Street Address | Apartment/Unit # |  |

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<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Phone Number</th>
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Date of Birth: ___________________________  Email Address: ________________________________

Marital Status: _________________________  Do you have dependent children?  □ Yes  □ No

Gender: □ Male  □ Female  Ages of Children: ________________________________

### Student status, check only one:

- [ ] Current Gavilan student who will transfer to 4-year university in 2012 – 2013
  
  Name of university you will transfer to in 2012 – 2013:  

  ________________________________________________________________________

  Major at university:  

  ________________________________________________________________________

- [ ] Current Gavilan student who will continue studies at Gavilan in 2012 – 2013

### Student background, check those that apply:

- [ ] You are returning to college after an absence of ______ years.
- [ ] You are in Cosmetology program as:  □ Freshman student  □ Intermediate student  □ Senior (last year)
- [ ] Military background:
  - [ ] You are a veteran.
  - [ ] Your parent is a veteran.
  - [ ] Your parent is disabled a veteran.
  - [ ] You have family member who is/was a veteran; relation to you: ________________________________

## Education: Please tell us about your educational goals.

Educational goal at Gavilan College is to earn:  □ Certificate  □ Associate Degree  □ General Ed for Transfer
Certificate/AA Degree/Transfer Program: ________________________________________________________________

Career interest: __________________________________________________________________________________

High School attended: _______________________________________ City: ________________________________

Did you graduate?  □ Yes   □ No  From high school you obtained: □ Diploma    □ GED  □ Other: ________________

**Student Financial Information**

**Answer the following questions. If you are married, included income for your spouse.**

Student (& Spouse if married) 2011 Annual Earned Income: $____________________.
Student (& Spouse if married) 2011 Non-Taxable Income: $____________________.

**Parent Financial Information**

*Complete this part if the applicant is:*

1. Under age of 24 AND
2. Unmarried AND
3. Does not children or other dependents whom the student supports financially AND
4. Has at least one living parent, and is not a ward/dependent of the court AND
5. Not a veteran

Parent(s) Marital Status: ______________________ Number of Dependent Children under age of 24: _______
Ages of children: ___________________________________
Number in Household which will attend college: _______
Parents’ 2011 Annual Earned Income: $____________________.
Parents’ 2011 Non-Taxable Income: $____________________.

**Leadership Experience**

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<tr>
<th>Award/Recognition</th>
<th>Given By</th>
<th>Date Received (Month/Year)</th>
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**Academic/Community Honors & Recognition**

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<th>Activity</th>
<th>Dates of Participation</th>
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### Extracurricular Activities & Community Involvement

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<tr>
<th>Activity</th>
<th>Dates of Participation</th>
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### Applicant’s Employment

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<th>Hours Worked Per Week</th>
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### Disclaimer & Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to an award, I understand that false or misleading information on my application will result in my disqualification. I authorize the Gavilan College Financial Aid Office to release information in this application to Scholarship Selection Committees and their representatives to determine eligibility. The data contained herein shall remain confidential.

I understand that if selected as a recipient:

- My name and likeness may be used in publicity regarding the scholarship.
- I will provide the Financial Aid Office with a photo of myself or have my photo taken for Scholarship Ceremony.
- I will be required to attend the Scholarship Ceremony in May 2012, where I will present the donor with a thank you letter.

I understand the scholarship is contingent upon these requirements.

Student Signature: __________________________________________ Date: ____________________

### For Applicant’s Parent to Complete:

I certify that my answers are true and complete to the best of my/our knowledge. I authorize the Gavilan College Financial Aid Office to release information in this application to Scholarship Selection Committees and their representatives to determine eligibility. The data contained herein shall remain confidential.

Parent Signature: ______________________________________ Date: ____________________