

# Scholarship Application



## **Applicants must meet all the following requirements**

- 1) Must be a member of The Greater Morgan County Builders Association, GMCBA, Inc.
- 2) Must be a resident of Alabama
- 3) Must be enrolling in, or attending, an accredited post-secondary school in Alabama
- 4) Application must be postmarked by April 15.

## **Instructions**

1. Answer all questions. Note "N/A" if not applicable.
2. Print legibly in pen or type.

## **Student Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 Digits of Social Security Number \_\_\_\_ \_

Home phone number \_\_\_\_\_ Cell phone number \_\_\_\_\_

Email \_\_\_\_\_

## **Academic Information**

Name, city of current school attending: \_\_\_\_\_

Graduation date: \_\_\_\_\_

High School GPA: \_\_\_\_\_

College GPA: \_\_\_\_\_ (if applicable)

College you plan to attend: \_\_\_\_\_

Are you currently enrolled in this college? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what will be your status in the fall?

Four-year college: Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

Two-Year trade school 1<sup>st</sup> year \_\_\_\_\_ 2<sup>nd</sup> year \_\_\_\_\_

Planned field of Study (your major) \_\_\_\_\_

Career Objective (what you want to do for a career)

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### **Family Information**

Are you dependent \_\_\_\_\_ or independent \_\_\_\_\_

If independent, please skip to spouse information.

**Father:** Living \_\_\_\_\_ Deceased \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Mother:** Living \_\_\_\_\_ Deceased \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Number of older siblings: \_\_\_\_\_

Number of younger siblings \_\_\_\_\_

How many siblings currently attend college? \_\_\_\_\_

If independent, complete spouse information:

**Spouse:** Living \_\_\_\_\_ Deceased \_\_\_\_\_ Not Applicable \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ Age(s) of Dependent(s) \_\_\_\_\_

**Asset Information:**

How do you plan to finance your education? (Check all that apply)

Loans Yes \_\_\_\_\_ No \_\_\_\_\_

Scholarships Yes \_\_\_\_\_ No \_\_\_\_\_

Family Contributions (including support from parents, step-parents, spouse and other contributions) Yes \_\_\_\_\_ No \_\_\_\_\_

Job Earnings – Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Place of employment: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Will you be employed while you are in school? Yes \_\_\_\_\_ No \_\_\_\_\_

If dependent, circle your family's approximate Total annual income range:

\$0-\$29,999

\$30,000 - \$49,999

\$50,000 - \$64,999

\$65,000 - \$79,999

More than \$80,000

Please note other financial information to be considered \_\_\_\_\_

Please describe your career goals as they relate to the housing industry

(You can use additional paper if necessary)

Please list any school, community, or church activities in which you have participated.

GMCBA Family member's name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Company Name: \_\_\_\_\_

**Applicants must provide the following:**

College or High School Transcripts (whichever is most recent; can be a print out)

Minimum of one letter of recommendations from instructor, supervisor, or GMCBA member (Must be signed and preferred on letterhead)

Proof of Alabama Residency (example: copy of driver's license, copy of utility bill, etc.)

## *CERTIFICATION OF AUTHORIZATION*

I hereby certify that the information contained in this application is true and correct. I authorize the scholarship committee to make such investigation of the application as it deems appropriate, to include contacting of any of the individuals or institutions referred to in the application. I also give my consent for the transmittal of communication to the scholarship committee by any academic institution that I have attended of grade, class standing or quality point information, as well as information concerning extracurricular activities. I understand that the falsification of any information contained in this application will disqualify me from further consideration or receipt of funds from the scholarship.

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**Signature of Applicant**

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**Date**

Mail completed application with requested documents no later than April 15 to:

By Mail: GMCBA, Inc.  
P.O. Box 2623  
Decatur, Al 35602

Email: [kellypate@gmcba.org](mailto:kellypate@gmcba.org)

Questions: Call Kelly Pate at 256-318-9161