GAMES SCHOLARSHIP APPLICATION

CRITERIA

In order to qualify for a GAMES Scholarship, student must be enrolled as a full-time student living on the Cochran campus. Student must possess a cumulative GPA of 3.0 or higher at the end of the academic year to be eligible to apply for a scholarship for the subsequent year.

<u>Deadline</u>: June 1. Application for GAMES Admission must also be on file.

REQUIRED DOCUMENTATION

- ✓ Page 1 and 2 of parents' 1040, 1040A, or 1040EZ with W-2 form(s) and Schedule A if itemized for most recent tax year.
- ✓ Page 1 and 2 of student's 1040, 1040A, or 1040EZ with W-2 form(s) and Schedule A if itemized for most recent tax year.

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STUDENT INFORMATION			
Last Name	First Name	Middle Initial	
Permanent Mailing Address			
City	State	Zip	
Home Phone	Cell Ema	il	
Date of Birth	I am a □1 ^{st'} year [□ 2 nd year GAMES student	
Are you a citizen of the United States? Yes No If no, Alien Reg. No			
Are you a resident of Georgia Yes No If yes, since when?			
Are your parents ☐ Married/Remarried ☐ Divorced/Separated ☐ Single ☐ Widowed			
PARENT INFORMATION			
Father's Name			
Highest Level of Education Completed □Graduate School □Bachelor Degree □ High School			
Father is □Employed □Unemploy	ed □Laid-Off □Disabled		
Father's Occupation/Employer			
Mother's Name			
Highest Level of Education Completed □Graduate School □Bachelor Degree □ High School			
Mother is □Employed □Unemployed □Laid-Off □Disabled			
Mother's Occupation/Employer			
Number of family members in the household during the time the student will be attending college?			
Number in the household who will be college students during this same time frame?			
Report the child support the stude legal requirement. Don't include squestion above. \$		vorce or separation or as a result of a nt's household, as reported in the	
Report combat pay or special com student's parent's adjusted gross i Report child support received for a	ncome. \$	nt that was taxable and included in the	
(including cash payments and cash Report Veterans non-education be Compensation (DIC) and/or VA Ed	n value of benefits). \$ nefits such as Disability, Death ucational Work-Study allowance		
Report other untaxed income not reported, such as workers' compensation, disability, etc. \$			

currently involved, and include supportive documentation. Provide the name and contact information of someone who could verify this information. Additional information may be requested.		
Please provide any personal challenges/hardships/extenuating involved, and include supportive documentation. Provide someone who could verify this information. Additional information.	the name and contact information of	
CERTIFICATION		
I/we certify that the information reported above and on any connection with this application is true, correct and complete		
Student	Date	
Parent	Date	
Parent	Date	

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