



You can also access this form online at [www.gradyyoungfoundation.org](http://www.gradyyoungfoundation.org)

*This scholarship is awarded on the basis of potential academic achievement, financial need and demonstrated individual motivation to one student in each of the High Schools located in the Gainesville/Hall County Schools System.*

*The Grady Young Foundation, Inc. awards Book Scholarships to high school seniors who are planning to attend a two or four year college, technical institution or university on a full time basis upon graduation from high school. To be eligible, the student must reside in and attend a school in Gainesville/Hall County, Georgia.*

**Selection will be based upon the scholarship committee's overall rating of the information submitted.**

## APPLICATION REQUIREMENTS

- A completed *Grady Young Foundation Book Scholarship* application. Complete all fields – **Type/Print**
- An official transcript from applicant's current high school, indicating mastery on each section of the **Georgia High School Graduation Test**
- A biographical sketch of the applicant
- One (1) letter of recommendation from applicant's counselor, teacher, or any school administrator
- A wallet-sized photo of applicant (photo will not be returned)
- Mail completed form to:  
*Must be postmarked by **March 1** of each year in order to be eligible for consideration!*

**Grady Young Foundation, Inc.**  
**c/o Virginia Morrison, Ed.D.**  
**132 Hampstead Avenue**  
**Savannah, GA 31405**

## YOUR DETAILS

Full name (*Last, First, Middle*):

Date of Birth (*MM/DD/YY*):

Social Security (*xxx-xx-xxxx*):

Citizenship Status:

## PERMANENT POSTAL ADDRESS

*Where you can be reached at any time of the year*

Street Number and Name:

City, State, Zip Code:

County:

Country:

Telephone (H):

(Cell):

(Fax):

(eMail):



**TERM POSTAL ADDRESS**

*Your address during term time including summer school (only required if different to permanent address)*

Street Number and Name:

City, State, Zip Code:

County:

Country:

Telephone (H):

(Cell):

(Fax):

(eMail):

**ACADEMICS**

High School:

Anticipated  
Date of Graduation  
(MM/DD/YY):

Street Number and Name:

City, State, Zip Code:

G.P.A.:

List Your Extracurricular Activities:

Institution You Plan to Attend:

Street Number and Name:

City, State, Zip Code:

Country:

Expected Major:

Anticipated Start Date (MM/DD/YY):

**PARENTS/GUARDIANS**

Mother's Name:

Street Number and Name:

City, State, Zip Code:

Country:

Telephone (H):

(W):

(Cell):

(Fax):

(eMail):

Employer:

Occupation:

Annual Salary:



# Book Scholarship

*Application Form*

(Page 3 of 4)

Father's Name:

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Street Number and Name:

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City, State, Zip Code:

Country:

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Telephone (H):

(W):

(Cell):

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(Fax):

(eMail):

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Employer:

Occupation:

Annual Salary:

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Guardian's Name:

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Street Number and Name:

---

City, State, Zip Code:

Country:

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Telephone (H):

(W):

(Cell):

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(Fax):

(eMail):

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Employer:

Occupation:

Annual Salary:

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No. of Dependents in Family:

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Age of Dependents:

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## **SIGN HERE**

Signature of Applicant:

Date:

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Signature of Parent/Guardian:

Date:

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Scholarship Program Established in 2004

## CERTIFICATION OF ACADEMIC STANDING

Student's Name: \_\_\_\_\_

School Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Identification Number: \_\_\_\_\_

**Please complete the following for the student named above and AFFIX SCHOOL SEAL:**

Is officially enrolled for the 2010-2011 academic term Yes  No

Has mastered all sections of the GHSGT Yes  No

Cumulative Grade Point Average \_\_\_\_\_  
Please calculate to FOUR DECIMAL PLACES.

College Admission Test Scores

SAT  Verbal Score \_\_\_\_\_ Math Score \_\_\_\_\_

ACT  Verbal Score \_\_\_\_\_ Math Score \_\_\_\_\_

Anticipated graduation date \_\_\_\_\_

Other Comments:

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_  
School Counselor/Administrator

Phone: \_\_\_\_\_

**AFFIX SCHOOL SEAL HERE**