

**GOT YOUR BACK
NETWORK**



Got Your Back Network 2017 Scholarship Application

6406 Rosefinch Court, # 103, Bradenton, FL 34202

717-305-0159, rebaldwin1@gmail.com

Application deadline: May 31 2017

1. General Information:

Date _____

Applicants Name _____

Present Address _____

Phone _____ Email _____

Social Security Number _____

Name of deceased military parent _____

Name of sponsoring parent or guardian _____

Applicant's relationship to the sponsor _____

2. Educational Information:

Name of High School attended _____ Date of Graduation _____

List all Colleges/Universities attended:

College/University	Date of Attendance	Graduation Date
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_____	_____	_____
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_____	_____	_____
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College/University that you will be attending in the fall of 2017 _____

Full-time? _____ Part-time? _____ Have you been accepted? _____

Will you be a: ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate

Major Field of Study _____ Expected Graduation Date _____

Number of credits you have completed _____

3. Employment Record:

Are you currently employed? _____ Do you plan to work during the academic year? ___ if so, do you plan to work? ___ full-time, ___ part-time

What percentage of your college expenses do you expect to earn? _____

4. Supplemental Information:

A. Attach an essay (no more than 1000 words) that outlines the following:

Your career interest and goals, community, civic or professional affiliations, major personal accomplishments, your extracurricular activities and interests and how this scholarship would be beneficial to you.

B. Attach an official copy of the most current transcript of grades and credits.

C. Two letters of recommendation. These may be from a teacher or from someone knowledgeable about your extracurricular or employment activities.

5. Applicant Certification:

The information contained in this application is accurate to the best of my knowledge. I understand that scholarships are awarded at the discretion of the Scholarship Committee, and I give the committee permission to contact my school and references for verification of this information. I understand that I may be requested to return this award if I do not complete my course of study.

Applicant's signature _____ Date _____

Parent/Guardian's signature _____ Date _____

Submit application to: GYBN, 6406 Rosefinch Court, Unit 103, Bradenton, Florida 34202. Postmarked by May 31, 2017.