

**GOT YOUR BACK  
NETWORK**



**Got Your Back Network** 2017 Scholarship Application

6406 Rosefinch Court, # 103, Bradenton, FL 34202

717-305-0159, [rebaldwin1@gmail.com](mailto: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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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.