"HOPE IN ACTION"
Scholarship Application Form
For Scholastic Year 2025-2026

Please see the "HOPE IN ACTION" scholarship program guidelines for eligibility requirements. Completed applications must be submitted to Scholarship Committee, GBCH&FM, PO Box 329, Palmetto, GA 30268 prior to April 1, 2025. Late applications will not be accepted. **Please Print Legibly.**

Section I: Personal Information ***Date of application:*** _____

Applicant's full name _____

Permanent Address _____ Date of Birth _____

_____ Telephone _____

Email address: _____

Eligibility:

_____Senior at Appling County High School Counselor: _____

_____Senior at Central Christian School Counselor: _____

_____Senior at Landmark Christian School Counselor: _____

_____Senior at Pike County High School Counselor: _____

_____Senior at Trinity Christian School Counselor: _____

Briefly share how you have carried out acts of philanthropy to make an impact in your community.

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Section II: Information on Institution

Name of College/University and Location _____

Academic Year Applied for _____ Acceptance Received? _____

Status for academic year applied for ___Freshman ___Sophomore __Junior ___Senior __Graduate

_____Full-time _____Part-time _____Quarter System _____Semester System

Degree being pursued _____

Section III: Financial Information

Tuition cost per hour _____ **Number of hours taking _____**

Estimated Expenses	**Per term**	**Total for Academic Year**
Tuition and Fees	_____	_____
Books and Supplies	_____	_____
Room	_____	_____
Transportation	_____	_____
TOTALS:	_____	_____

Section III: Financial Information, continued

Financial Aid

(Give all sources of anticipated aid for coming year)

Source	**Type** (Grant, loan, work-study, etc.)	**Per Term**	**Per Academic Year**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total family income as shown on last Federal Income Tax return:
(This is adjusted income and excludes any financial aid on previous page)

Student $_____ Parents $_____

How many family members reside in your home? _____

How many family members are enrolled in college? _____

Are you self-supporting (independent of parents)? Yes _____ No _____

Are you employed? Yes _____ No _____

If yes, Number of hours per week: _____

What are the occupations of your parents?

NAME OCCUPATION EMPLOYER

_____

_____

Section IV: Academic Record

SAT/ACT score (High School Seniors only): _____

Overall GPA: _____ Attach transcript or most recent grade report.

Section V: Recommendations

(please secure requested signature and then attach a letter of recommendation from each)

Printed Name of Teacher: _____

Signature: _____

Printed Name of Guidance Counselor: _____

Signature: _____

Section VI: Signature of Applicant

***Signature*: _____**

Section VII: Scholarship Committee Use Only:

Date Received: _____

Application Reviewed/Declined:_____ Notification: _____

Application Reviewed/Advance to Interview: _____ Interview set: _____

Interview Conducted/Declined: _____ Notification: _____

Interview Conducted/Scholarship Awarded: _____

Amount of Award: _____ Notification: _____