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Scholarship Application

Name: _____ Date of Birth: _____
(Last) (First) (Middle)

Home Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Home Email: _____ Cell Phone: _____

School/Work Name: _____

School/Work Address: _____
(Street) (City) (State) (Zip)

School/Work Phone: _____ School/Work Email: _____

Name of Undergraduate College: _____ Year of Graduation: _____

Cumulative Grade Point Average: _____ Class Rank (if known): # _____ out of _____
(Please attach transcript.)

Name and Location of University you will be attending: _____

When do you plan to attend? _____

<u>Organization</u>	<u>Position/Duties</u>	<u>When</u>
_____	_____	_____
_____	_____	_____

Other activities that may be of interest to the Scholarship Committee*:

**Please attach additional page if needed.*

Please provide name, address, phone and relationship of three references the committee may contact.

** Please attach additional page if needed.*

I hereby confirm that all information provided on this application is correct and I understand that any false information automatically disqualifies me from eligibility. I understand that all decisions on the award of these scholarships are final.

Signature of Applicant

Signature of Recommending Gumdrop Customer

Date

Please Print Customer Name

Submit application to:
Scholarship Awards
Gumdrop Books
PO Box 505
Bethany, MO 64424

School Name

Telephone Number