

Application Form for Tuition Assistance Program 2020-21

General Instructions to Applicant

1. You may pick up an application from the church office or print it from www.gethsemanechristians.org.
2. Return a typed or neatly printed application to the church office.
3. Membership is NOT required; however, active involvement would be verified by two church members' letters of recommendation.
4. **Only full-time students (minimum of 12 credit hours per semester) need apply. There will be no mid-term applications.**
5. **There is an expectation of student and/or family involvement in TAP fund raising events**

1. Personal Information

Full name of applicant _____ Nickname _____
Home telephone number _____ Email address _____
Present home address _____
City _____ State _____ Zip _____
Date of birth _____ Driver License Number _____

2. Family Information

Mother's name _____	Father's name _____
Occupation _____	Occupation _____
Street address _____	Street address _____
City,ST,Zip _____	City,ST,Zip _____
Phone number _____	Phone number _____

Name and ages of siblings/other dependents. Indicate what school(s) they attend.

Name	Relationship	Age	School or college/years attended
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a. Name all secondary and/or technical schools you have attended in the last five years with the dates attended.

b. How many years do you plan to attend college, and what course of study would you like to pursue?

c. What future career will you likely pursue after finishing college?

d. What college(s) would you most like to attend? Please explain your reason.

f. List scholarships, grants or loans for which you have applied, and indicate funding amount you will receive.

Name	Amount	Plan to use
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3. Church, athletic, service, academic and extra activities. Use additional pages if needed.

a. List academic awards, achievements and dates.

b. List participation in athletic activities.

c. List participation in church, community service and extra-curricular activities.

4. Employment History

List jobs you have held in the last three years.

Employer	Dates	Hours per week	Position	Salary
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5. Your Expected Cost of College:

Please provide the following information for each school that you hope to apply.

	College _____	College _____	College _____	College _____
<i>Tuition</i>				
<i>Room/board</i>				
<i>Books/supplies</i>				
<i>Scholarship money available?</i>				
Total Annual Cost				

6. Needs Summary

- a. Describe any special circumstances such as medical conditions, disabilities, etc. that may affect your ability to pay for your college tuition. Use additional pages if necessary.

- b. Please submit letters of reference from 2 current church members other than family members.

7. Transcript History

- . Attach a transcript of the student's high school or college record to this sheet.

Ranking in senior class: _____ of _____

GPA: _____ on a _____ scale

I do state the above information is accurate to the best of my knowledge.

Signature of Applicant _____

Date _____