

**GAC CONTRACTORS, INC.
SCHOLARSHIP APPLICATION FORM
2010**

Incomplete applications will not be considered.

STUDENT'S NAME _____ SS# _____

PARENT'S NAME _____

ADDRESS _____ PHONE # _____

CITY _____ STATE _____ ZIP CODE _____

PERMANENT RESIDENCE _____ STATE _____

INTENDED EDUCATIONAL OR TRAINING INSTITUTION: _____

MAJOR OR INTENDED DEGREE PROGRAM: _____

CUMULATIVE HIGH SCHOOL G.P.A. _____

ATTACH YOUR ACADEMIC TRANSCRIPT - Transcripts from the 9th grade through the completion of the fall semester of the 12th grade that include GPA.

ENROLLING:

_____ FULL-TIME (12 OR MORE HOURS/SEMESTER)

_____ PART-TIME (5-11 HOURS/SEMESTER)

