

**GEORGIA DECA MEMORIAL/FOUNDATION SCHOLARSHIP GUIDELINES-2017**

(Must be typed or word processed. Handwritten application will not be considered.)

(All letters/statements must be signed by author)

**APPLICATION CONTENT REQUIREMENTS & CHECK LIST…**

**\_\_\_ COVER LETTER/ LETTER OF INTRODUCTION:**

Please include a cover letter to introduce yourself and explain your specific education objective, and actions taken or planned, to accomplish this. Please limit to 1 page in length. This letter should be addressed to the scholarship committee and SIGNED by the applicant.

**\_\_\_ RESUME**:

Please attach an updated resume. Please include DECA Activities and other school and community activities as well.

**\_\_\_ REFERENCE LETTERS:**

1. SIGNED Personal Qualities Reference: Personal reference letter from individual not used in any other section of application.
2. SIGNED Business Reference: Letter from employer if applicable or 2nd personal reference.
3. SIGNED Advisor and Guidance Counselor Recommendation Letter(may be joint).

**\_\_\_ FINANCIAL STATE OF NEED:**

Provide a SIGNED statement detailing specific circumstances affecting your need for financial assistance for college. Parent(s)/Guardian(s) may attach additional information if desired.

**\_\_\_ TRANSCRIPTS:**

Include an official sealed transcript with explanation of terms and scale. Transcript must include final grades from the end of the student’s Junior/11th Grade year or later if available.

**NOTE: APPLICATIONS MUST BE RECEIVED IN OFFICE BY CLOSE OF BUSINESS, FRIDAY JAN 27.**

**MAIL TO: GEORGIA DECA FOUNDATION 1150 GREAT OAKS DRIVE LAWRENCEVILLE GA 30045**



**GEORGIA DECA MEMORIAL/FOUNDATION SCHOLARSHIP APPLICATION-2017**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male\_\_\_ Female\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone (Include Area Code):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent(s) or Legal Guardian(s) with whom you live: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_ City/ZipCode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Related Occupational Experiences

Employment Dates Firm Position Held

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the post high school education institutions to which you have applied for admission and the estimated total cost of one full year of study including room and board at the school:

College or University Accepted? Estimated Cost

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

List the estimated financial resources you have available toward the cost of one full year of study:

Family contribution: $

APPLICANT $

**SIGNATURES AND CERTIFICATON:**

I certify the information given above is accurate.

I will attend the State Career and Development Conference(CDC) and if an application finalist, will be available for an interview. You will be given schedule of time and place.

If awarded a scholarship, I understand I must maintain a 3.0 grade average (based on a 4.0 system) and agree to give strict attention to my studies and the regulations of the college or postsecondary school. If I fail to make satisfactory grades or withdraw from the institution during the year of enrollment following my scholarship distribution, any refundable tuition as deemed by the policies of the institution shall be returned to the Georgia DECA Foundation, its successors or assigns, and may be subject to collection and prosecution under the laws of the state of Georgia.

IMPORTANT: I AGREE TO REQUEST FUNDS NO LATER THAT ONE YEAR AFTER HIGH SCHOOL GRADUATION unless the Georgia DECA Foundation Board approves an exception for special circumstances. If not claimed, scholarship is deemed forfeited.

**APPLICANT SIGNATURE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN:** I have reviewed this form and the statements are true, complete, and correct to the best of my knowledge and belief.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOOL COUNSELOR:**  I have reviewed the applicant’s responses and certify that they are correct, according to current official school records.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GEORGIA DECA ADVISOR:** I certify that the applicant is in good standing in the marketing program and find the statements to be true and correct to the best of my knowledge and belief.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: COMPLETED APPLICATIONS MUST ARRIVE IN OFFICE BY January 27, 2017**

**ADDRESS: GEORGIA DECA FOUNDATION 1150 GREAT OAKS DRIVE LAWRENCEVILLE GA 30045**

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