



"...Every perfect gift comes from above..."

THE JOSHUA DAVID GARDNER
MEMORIAL SCHOLARSHIP ENDOWMENT

SCHOLARSHIP APPLICATION

JOSHUA DAVID GARDNER MEMORIAL SCHOLARSHIP ENDOWMENT, INC.

Application Form (20 -201)

Applicant Information

Name: _____

Date of Birth: (mm/dd/yyyy) _____

Address: _____ City: _____ State: _____ Zip: _____ Apt: _____

Daytime Phone:() _____ Evening Phone:() _____

Fax:() _____ Email: _____

Marital Status: Single Married U.S. Citizen: Yes No

Parent, Guardian, or Spouse

Name: _____

Address: _____ City: _____ State: _____ Zip: _____ Apt: _____

Daytime Phone:() _____ Evening Phone:() _____

Fax:() _____ Email: _____

HIGH SCHOOL INFORMATION:

High School Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Telephone:() _____ Date of Graduation: _____

Fax:() _____ Email: _____

HIGHER LEARNING INSTITUTION PLANNING TO ATTEND OR PRESENTLY ATTENDING:

Institution Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Telephone:() _____ Fax:() _____

Expected Date of Graduation: _____

Undergraduate Year: _____ Degree(s) Pursued: _____

Beginning Year: _____ Subject/Major(s): _____

Planned Completion: _____ Vocation Pursued: _____

Nomination and References

THREE LETTERS OF RECOMMENDATION ARE REQUIRED. Recommendation letters can be from a pastor, counselor, teacher, principal, employer, or non-family member attesting to the applicant's character, personality, and academic ability. AT LEAST ONE RECOMMENDATION MUST BE FROM AN ACADEMIC REFERENCE.

REFERENCE #1

Name: _____

Relationship: _____

Address: _____ Apt: _____
City: State: Zip:

Phone: () _____ Fax: () _____

Email: _____

REFERENCE #2

Name: _____

Relationship: _____

Address: _____ Apt: _____
City: State: Zip:

Phone: () _____ Fax: () _____

Email: _____

REFERENCE #3

Name: _____

Relationship: _____

Address: _____ Apt: _____
City: State: Zip:

Phone: () _____ Fax: () _____

Email: _____

