



2016-17 Scholarship Application

ELIGIBILITY
REQUIREMENTS

MIDDLE SCHOOL

Team Affiliated with GSL

Current Member of GSL Team

Application Deadline:

Friday, March 10, 2017

SCHOLARSHIP APPLICATION COVER PAGE

This will be the very first page stapled to your paragraph

Full Name: _____ Male Female

GSL School Team: _____

Home Address: _____
Street Address City, State Zip Code

Parent(s)/Guardian(s) Name: _____

Home Telephone Number: () _____

Email Address: _____
(You will receive an email notice when your full application has been received)

Academic Summer Camp interested in attending: _____
(Title, Location)

OR

I would like assistance in selecting an Academic Summer Camp.

SCHOLARSHIP APPLICATION CHECKLIST

(All of the following items are required for consideration)

- Page 1 should be this cover page filled out completely.
- Page 2 should be a copy of your most current report.
- Page 3 should be the certification form completed and signed by your GSL coach.
- Pages 4 should be your typed paragraph. You **SHOULD NOT** mention your name or your team in your paragraph. Your paragraph must be typed and double-spaced.

The title of your paragraph: ***Why education matters to my community?***

Please include all materials in **ONE ENVELOPE**. Your packet should be postmarked by **Friday, March 10, 2017.**

Please note: Since postage can vary for application materials, it is highly advised that you go to a local post office to mail.

Mailed to:

GSL SCHOLARSHIP APPLICATION COMMITTEE

Attn: Danielle Flournoy

161 Pine Crescent

Newnan GA, 30265

GSL CERTIFICATION FORM

**This will be the third page of your application packet
(Please be sure to get this back from your coach in time for the deadline)**

To be completed by applicant:

Student Name: _____

To be completed by GSL coach:

Please check all that apply:

- I certify that the above student is a stepping member of the team.
- I certify that we are a GSL endorsed team (registration fee paid in full this year).
- I certify that this student has actually participated and stepped for at least 85% of all step shows.
- I certify that if selected for the scholarship, this student will serve as a great representative of the team.

Team Name/School: _____

School Address: _____
Street Address City, State Zip

School Phone Number: (____) _____

Coach's Full Name (Print): _____

Signature: _____

Please return this form to student to complete application packet

