

**GRANITE CITY SCHOLARSHIP FOUNDATION &
MALIK-EDWARDS EDUCATIONAL FUND**

**APPLICATION FOR A MINIMUM OF \$2,000 COLLEGE
SCHOLARSHIP. MANY TO BE AWARDED THIS YEAR.**

1. Read instructions carefully.
2. Special consideration given to Student Statement.
3. Applicant must be a current GCHS student.
4. Request for Transcript Form and Counselor Form (page 5) must be turned in to your Guidance Counselor. The request for transcript form is available in the Guidance Office.
5. **THE APPLICATION MUST BE POSTMARKED BEFORE MIDNIGHT – APRIL 27, 2024. APPLICATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED.**
6. Incomplete applications will not be considered. We will not contact you regarding an incomplete application.

GRANITE CITY SCHOLARSHIP FOUNDATION, INC.

Dear Applicant:

The Granite City Scholarship Foundation, Incorporated, is pleased to have you apply for a scholarship. **The scholarships are funded by the Malik-Edwards Education Fund and other donors.**

Teachers at your high school have long been aware that although many students have exceptional possibilities for success in college, some of them cannot continue their education without financial assistance. The Foundation, as you know, was organized several years ago by Civic Organizations in our community to raise money to help these students attend college. Two requirements have been set up for applicants:

- (1) Financial need.
- (2) Signs of ability to succeed in a chosen program of college work.

Many people and business organizations, as well as the Civic Organizations, give generously to the Foundation because they believe in this program. In order that your request be judged fairly and impartially and scholarships awarded wisely, you are asked to do the following:

- (1) Fill out the application for scholarship **(Typing is highly recommended)**.
- (2) In 200 words or less answer one of the three essay questions.
- (3) Have your counselor complete the attached Guidance Counselors Confidential Evaluation of Applicant for Scholarship Form.
- (4) Provide two reference letters.
- (5) Your parents or guardian should complete the enclosed financial report.

Your application for scholarship and your financial statement **(Pages 1, 2 & 3)** should be mailed to Mr. Keith Burton, Revity Credit Union, 3970 Maryville Road, Granite City, Illinois 62040. **Any application postmarked after midnight April 27, 2024 will not be considered. Incomplete applications will not be considered.**

Please be sure to give your counselor at least two weeks notice that you are requesting the Guidance Counselors Confidential Evaluation of Applicant for Scholarship Form to be filled out and submitted.

GRANITE CITY SCHOLARSHIP FOUNDATION, INC.
Keith Burton, Chairman
Application Screening Committee

GRANITE CITY SCHOLARSHIP FOUNDATION, INCORPORATED

APPLICATION FOR SCHOLARSHIP

Name _____ Phone _____

Address _____ Graduation Date _____

1. Where do you plan to attend college?

First Choice _____

Second Choice _____

2. Why do you wish to attend this college?

3. What would be your major field of interest?

Two Year Program _____ Four Year Program _____

4. How much do you estimate a year of college will cost you, including all expenses?

COSTS:

Tuition and/or Fees \$ _____

Books and Supplies \$ _____

Room and Board \$ _____

Transportation \$ _____

Other Expenses (Itemize) \$ _____

TOTAL COSTS \$ _____

APPLICATION FOR SCHOLARSHIP (Continued)

NAME _____

FINANCES: (If you expect assistance from any of the following, please list)

Parents	\$ _____
Personal Savings	\$ _____
Summer Employment	\$ _____
Gifts	\$ _____
Bank Loan	\$ _____
Private Loan	\$ _____
TOTAL	\$ _____

5. List clubs, organizations, or extra curricular activities in which you have been involved.

In submitting this application to the Granite City Scholarship Foundation, I certify that all questions have been answered to the best of my ability.

_____ Date

_____ Signature

In 200 words or less, please respond to one of the three questions below.

- * **Why have you selected your field of study and how will it help you make an impact in the future?**
- * **How have your life experiences developed you into the person you are today?**
- * **How will receiving this scholarship impact you as you prepare for your first year of college?**

FAMILY FINANCIAL STATEMENT

Student/Applicant Name _____

Address _____

City and State _____

Father's Name _____

Employed _____ as _____ Yrs. _____

Mother's Name _____

Employed _____ as _____ Yrs. _____

Home Status: Own ____ Rent ____ Buying ____

Combined Family Annual Income _____ # of Dependent Children _____

\$20,000 - \$40,000 _____

Ages _____

\$40,000 - \$80,000 _____

Number of children in college? _____

Over \$80,000 _____

Which College(s)? _____

Estimate of financial requirement for First School Year: _____

(Include room, board, tuition and books)

To date, have you received any scholarships or grants to apply on a college education?

If so, please name them and give the value of each. _____

Explain in this space any special, personal, family or financial circumstances.

Parent's Authorization:

I have checked this form for omissions and errors. To the best of my knowledge, the information reported is complete and correct. I authorize its use by the Granite City Scholarship Foundation, Inc., in the deliberation for selection.

(Signature of Parent or Guardian)

(Relationship) Date: _____

**STUDENT: Please mail pages 1, 2 & 3 to:
Revity Credit Union
ATTN: Mr. Keith Burton
3970 Maryville Road
Granite City, IL 62040**

GRANITE CITY SCHOLARSHIP FOUNDATION

GUIDANCE COUNSELOR'S CONFIDENTIAL EVALUATION OF APPLICANT FOR SCHOLARSHIP FORM

The following named applicant, who will be graduated from the Granite City High School, is applying to the Granite City Scholarship Foundation for a scholarship. As you may know, the Foundation was organized several years ago by civic organizations in our community to raise money to help graduates of the Granite City High School. Two requirements have been set up for applicants: (1) financial need and (2) signs of ability for success in a chosen program of college work.

So that the applicant may be judged fairly and impartially, we ask that you complete the following form and return it before **April 27, 2024** to:

**Revity Credit Union
ATTN: Mr. Keith Burton
3970 Maryville Road
Granite City, IL 62040**

Applicant _____ Address _____

G.P.A. _____ Rank _____ ACT _____

Honor's Program _____ College Prep _____ Tech Prep _____

Sign _____

Date _____