

## Founder's Scholarship Application

In order to be considered for this scholarship, please review the eligibility requirements and complete the application in its entirety.

ELIGIBILITY				Y	es	No	
Are you from a single-parent/guardian household or legally emancipated? *							
Are you currently a senior in high school or freshmen in college? *							
Applicant's GPA (minimum	3.0): *						
PERSONAL INFOR	MATION						
Last Name :*	First Name :*			Middle Name:*			
Email:*		Place	Of Birth :				
Address:*							
City:*		State :*		Zip Code :*			
Phone :		Cell Pho	one :				
List high school attended and	dates (include college informa 			a separate docume	nt, ana iapi	el Appendix A	
Address and telephone number that you are currently attendir		List membership(s) and position(s) held in high school/college clubs and organizations: *					
List any other activities/hobbie	rs:	List honors	/awards rece	ived during high	school: *		
List all colleges or trade school and state. (ex: George Mason U					de school,	city,	

FSSAY	SUBMISSION			
	In this section, the applicant	evaluated and rated on stru	say for this scholarship. Essays must be doub cture, clarity, and use of proper grammar ar nes New Roman font.	
			ith application packet to SCHOLARSHIP@TC	GNCK.ORG.
recently re		grant to start a local non-	on that focuses on providing hunger rel -profit organization. Identify the organi	
LETTE	R OF RECOMMEN	NOITADN		
In this soction	n places provide the details			packet
			e both recommendations in your application or school counselor. The second letter of rec	
either a com	munity, civic, or religious lead	er that can speak to your con	nmunity service.	
All letters of	recommendation must includ	e the following:		
- Name and	e organization the applicant is position of person providing tl ime the applicant has been in ation	ne reference - Expla volved with - Curre	nation of the applicant's involvement in the ent and past roles and responsibilities of the cicant's accomplishments in the organization	applicant
Reference 1	:*			
Full Name :		Email:		
Relationship to	Applicant: (Check all that apply,	Teacher School Coun	selor Other:	_
Reference 2	::*			
Full Name :			Email:	
Relationship to	• Applicant: (Check all that apply,	Community Leader Reli	gious Leader Civic Leader Other:	
hereby certify	that:			
	on submitted in this application nis package, as necessary.	on is true and correct. I give 1	The Good News Community Kitchen permiss	ion to verify any information
2. I am a stude	nt intending to enroll in a trac	le school, college, or universi	ity degree or certification program.	
-	ceived from The Good News C uition or books.	ommunity Kitchen Founder	's Scholarship will be used solely for the purp	oose of paying for educational
	I that once I receive a College sbursed to the appropriate co		completed and returned to The Good News	Community Kitchen prior to
	ws Community Kitchen Found in a college or trade school.	der's Scholarship will be noti	fied in writing immediately if there should b	e any change or interruption ir
I certify	and agree with the letter of ce	rtification outlined above.		

Parent/Guardian Full Name

**Student Full Name**