



CONNECTICUT GI CHARITABLE FOUNDATION SCHOLARSHIP APPLICATION

Date of Application:

Please type or print your answers. If application is illegible it will be returned to you.					
1.	Last Name:	First Name:			
2.	Mailing Address:: Street: _____ City: _____ State: _____ ZIP: _____				
3.	Daytime Telephone Number:		Cell Number:		
4.	Date of Birth:	Month	Day	Year	
5.	Are you related to any Connecticut GI staff? (Please circle)		Yes	No	
6.	Current High School/University:				Number of years attended:
7.	Level of study in next academic year: Freshman Sophomore Junior Senior Grad Student				
8.	Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space. Name (s) _____ Street: _____ City: _____ State: _____ ZIP: _____ Home phone of parents or legal guardians: _____				
9.	List the name of any college you have attended.	Year Began	Year Ended	Year Graduated (If applicable)	Type of Degree Received (If applicable)
10.	A.				
	B.				
	C.				
11.	What specialty/major do you plan to major in as you continue your education?				

12.	List your academic honors, awards and membership activities while in high school:
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13.	List your community service activities, hobbies, outside interests, and extracurricular activities:
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14.	<p>Personal Essay Please answer the following question: Based on your own experience, what advice would you give others living with GI or liver conditions? This question must be at least 1-2 pages, typed, double-spaced, and 12 pt / Time New Roman font. Please ensure your essay contains no grammatical errors.</p>
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15.	<p>A. The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee. B. Your application will not be considered if these items are not attached to this application. (No exceptions.) C. Circle "YES" or "NO" to be sure you have attached each item as required.</p>		
	YES	NO	Completed application. All questions are answered completely.
	YES	NO	Most recent official high school/college transcripts. Photocopies of your transcript are acceptable , if transcript is signed by a guidance counselor or principal.
	YES	NO	Personal Essay. Must be at least 1-2 pages, typed, double-spaced, and 12 pt / Time New Roman font. Please ensure your essay contains no grammatical errors.
	Yes	No	Proof of diagnosis form
	Yes	No	Two letters of recommendation

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Foundation's scholarship program.

I hereby understand that if chosen as a scholarship recipient, according to the Connecticut GI Scholarship Foundation Scholarship policy, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

I hereby understand that if chosen as a scholarship recipient, Connecticut GI may use my first name, first initial of my last name, and photo for promotional and marketing purposes.

Signature of scholarship applicant: _____ Date: _____

Signature of applicant's guardian/ parent: _____ Date: _____

