

GEFCU
J.T. Glass Scholarship Application

(Please copy and mail application)

Account #: _____

Name: _____

Address: _____

City/State/Zip _____ Phone: _____

Purpose of this Scholarship: _____

Name of course: _____

Dates: _____

Itemized Cost: _____

How will this Scholarship relate to your career goals?

Previous Education (Transcripts should be attached. If not available, please explain.)

High School GPA: _____ Year Graduated: _____

College GPA if currently enrolled, where: _____

Department or area in which you plan to major: _____

Number of college semester hours completed: _____

Financial Assistance:

Have you applied for other financial aid for the same period this scholarship would cover?

_____ If yes, please explain. _____

List all Scholarships, fellowships, or loans you are receiving or will receive during the period this scholarship would cover.

Name of Award	Loan Grantor/Lender	Amount	Effective Dates

Employment History

Work Place	Type of Work	Dates

Volunteer Work

Organization	Type of Work	Dates

Honors/Awards

Career & Academic Distinctions	Honors	Awards Received

Outstanding Activities:

Give types and time periods for any other outstanding activities not previously listed:

Letters of Recommendation:

Please attach at least two (2) letters of recommendation.

Personal Statement:

Please state why you think you are deserving of this scholarship:

Signature: _____ Date: _____

Note: Supplemental sheets may be attached if more space is needed. Completed application should be mailed to the following address:

GEFCU Scholarship Committee

PO Box 81535

Austin, Texas 78708-1535