

TANYA GORDON MEMORIAL SCHOLARSHIP APPLICATION
Must be Received by March 23, 2018

NAME _____ Social Security No. _____

ADDRESS _____

CITY, STATE _____ ZIP CODE _____

TELEPHONE _____ U.S. CITIZEN? _____

CALIFORNIA RESIDENT _____ MALE _____ FEMALE _____

DATE OF BIRTH _____

MARITAL STATUS _____ NUMBER OF DEPENDENTS _____

IF YOU ARE A DEPENDENT, PLEASE INCLUDE A COPY OF YOUR PARENTS LAST TAX RETURN. IF YOU ARE INDEPENDENT, PLEASE INCLUDE A COPY OF YOUR OWN LAST TAX RETURN. PLEASE BLOCK OUT ALL BUT THE LAST FOUR DIGITS OF SSN ON TAX RETURNS ONLY.

I hereby authorize The Tanya Gordon Memorial Scholarship to receive, retain and consider my tax return(s) for the _____ tax year for purposes consistent with this scholarship application.

Signature of Applicant

EMPLOYER _____

OCCUPATION _____

CERTIFICATE/DEGREE PROGRAM _____

EDUCATIONAL GOAL _____

SCHOLARSHIP YOU ARE APPLYING FOR

2 YEAR COLLEGE _____ WHERE _____

4 YEAR COLLEGE _____ WHERE _____

ADDRESS OF COLLEGE _____

DO YOU PLAN TO TRANSFER? _____ TO WHERE? _____

OVERALL UNITS EARNED _____ GPA _____

MILITARY? _____ MILITARY DEPENDENT? _____

List your participation within the last two years in academic achievement and/or campus, community or volunteer organizations. (You may use an additional page.)

Please type a double-spaced **essay** about yourself as a person and your family. You may want to include significant events in your upbringing, who influenced your decision to declare a major or establish a particular career goal, and a general philosophy of living. (Not more than two pages.)

Please include at least two letters of recommendation.

I agree to and understand the following:

My completed application, including transcripts, may be released to my donor. I consent to this information being released for publicity purposes.

Signature

Date

PLEASE NOTE: Applications will be accepted from January 2, 2018 through March 23, 2018. Late applications will not be accepted. This application must be filled out completely and all requested documents attached to be considered.

Please drop off or mail to:

Tanya Gordon Memorial Scholarship
High Desert Community Foundation
16020 Apple Valley Road, Suite B-6
Apple Valley, CA 92307

Would you be interested in volunteering your support during fund raising events to benefit and maintain the TANYA GORDON MEMORIAL SCHOLARSHIP FUND to help future scholarship recipients? YES _____ NO _____

May we publish information about you in our TANYA GORDON MEMORIAL SCHOLARSHIP NEWSLETTER if you are a scholarship recipient? YES _____ NO _____

I certify that the information provided in this application is complete and accurate to the best of my knowledge. I understand that falsification of information may result in termination of any scholarship granted.

Signature

Date