

RENEWAL FORM RETURNING APPLICANTS ONLY

Today's Date _____

SCHOLARSHIP APPLICATION

HAVE QUESTIONS OR NEED ASSISTANCE WITH YOUR APPLICATION?

Please call 209-403-5654 or email us at Director@MaryGrahamFoundation.org

PERSONAL INFORMATION

NAME: Last _____ First _____ Middle _____

Social Security Number _____ Age _____ Birth date _____
(DD/MM/YYYY)

ADDRESS: Street/PO Box _____

City _____ State _____ Zip _____

Email Address _____ Telephone _____
(Area Code + Number)

EDUCATIONAL BACKGROUND **Please attach a copy of your transcripts**

CURRENT SCHOOL _____ OVERALL GPA _____

Are you returning to the same school? YES NO If NO, where are you going?

School Name: _____

BUDGET INFORMATION

IMPORTANT!!! Complete BUDGET FORM and submit with your application.

EMPLOYMENT EXPERIENCE

Are you working now? YES NO How many hours per week? _____

Where _____ Title _____

Will you work during school? YES NO Where _____

Name _____

Signature _____ Date _____
(If emailing - please type your name on both lines.)

FOR INTERNAL USE. NOT TO BE FILLED OUT BY STUDENT.

Request Approved by Foundation

Request Denied by Foundation

Amount Approved \$ _____ Date _____ Payable To _____

Reason for Denial _____

