

# General Scholarship Application Form

(Please type or print – electronic application can be found online at [www.gscf.org](http://www.gscf.org))

Scholarship you are applying for: (check one)

Betts Family

Decatur Community

Erik Erickson Memorial

Jody Fredrickson Nursing and Health

Glen L. and Edna M. Mott Memorial

**Please fill in all areas that apply, according to the specific requirements for each scholarship.**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent or legal guardian's name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

High School Name \_\_\_\_\_ Date of graduation \_\_\_\_\_

Cumulative Grade Point Average \_\_\_\_\_

Please list extra curricular activities in which you have participated during your Junior and Senior years in High School.  
(Or attach a resume.)

Evidence of financial need is required to be used in determining recipients in cases of equal merit. Please provide a copy of the FAFSA with your completed application.

FAFSA information provided is: \_\_\_\_\_ actual \_\_\_\_\_ estimated.

Please list any extenuating circumstances that might affect financial need that we should know about. (Medical bills, recent death in the family, etc.)

Post-Secondary school you are planning to attend or are currently attending: \_\_\_\_\_

What is your intended or declared major? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please attach an official copy of any required transcripts with this application.  
Please attach any written essays or other documentation as required with this application.