

GSTA SCHOLARSHIP FUND APPLICATION

Application postmark deadline June 5, 2024

APPLICANT INFORMATION

First Name	Last Name			
Mailing Address			Apt #	
City		State	Zip Code	
Phone	Email Address			
Date of Birth (Mo/Day/Year)	Social Security #			
EMPLOYEE PARENT/GUARDIA	N INFORMATION			
First Name	Last Name			
Job Title	GSTA Member Company			
Work Address				
City	State	Zip (Code	
	Cell Phone			
Email Address	Relationship to Applicant			
HIGH SCHOOL DATA				
School Name	G	Graduation Date (Mo/Year)		
Mailing Address				
City	State_	Zi	p Code	
		Phone #		
POST SECONDARY SCHOOL)ATA			
Name of the post secondary scho	ool you plan to attend	d.		
Name		City	State	
School Type: 4 yr. College				
Major Course of Study				
Anticipated Date of Graduation (

WORK EXPERIENCE

Describe your work experience for the past four year. Indicate the dates of employment, and approximate number of hours worked each week. List amounts earned at each job. Feel free to attach a separate sheet.

COMPANY #1			
Company	Position		
Start Date	End Date		
Hours Worked Per Week	Amount Earned		
COMPANY #2			
Company	Position		
Start Date	End Date		
Hours Worked Per Week	Amount Earned		
COMPANY #3			
Company	Position		
Start Date	End Date		
Hours Worked Per Week	Amount Earned		
ACTIVITIES AND VOLUNTEER WORK Describe your activities and volunteer extends to the control of	periences for the past four year. Indicate the dates.		
Feel free to attach a separate sheet.	,		
Activity	Dates Participated		
Description			
	Dates Participated		
Description			
HONORS AND AWARDS			
Honor/Award Name	Date (Mo/Year)		
Description			
	Date (Mo/Year)		
Description			