

## CONNECTICUT GI CHARITABLE FOUNDATION SCHOLARSHIP APPLICATION

						Date of	f Application:
Pleas	se tvne	or <b>nrint</b> your answet	s. If application is illegible it will b	e returned	to you		
Ticas	se type	e of print your answer	s. If application is megiote it will b		to you.		
1.	Last	Name:		First Nam	ne:		
2.	Maili	ing Address::					
		Street:					
		City:	State:	7	ΊD.		
		City.	State.	L			
3.	Dayt	ime Telephone Numb	er:	Cell Nun	nber:		
	-	2					
4.	Date	of Birth: Month	Day	Year		No	
5.			inecticut GI staff? (Please circle)	Yes			1 0
(	Curre	ent High School/Univ	ersity:				mber of years nded:
6. 7.	Lovo	l of study in next acad	amia yaar:			atte	nded.
1.	Leve	T OF Study III HEXT acad					
	F	Freshman	Sophomore Junior	Senior		Grad Studen	t
8.			s) or legal guardian(s): Use reverse			<mark>f you need</mark> mo	re space.
	Name	e (s)					
			City:			ZID	
	Succ	i	City			ZIF	
	Home phone of parents or legal guardians:						
		1 1		)			
9.	List t	the name of any colleg	ge you have attended.	Year	Year	Year	Type of Degree
				Began	Ended	Graduated	Received
						(If	(If applicable)
10						applicable)	
10.	A. B.			12			
	Б. С.						
11		t specialty/major do v	ou plan to major in as you continue	vour educa	tion?		
11.	vv nat	specially/major do y	su plan to major in as you continue	your cauca			

1	2.	List your academic honors, awards and membership activities while in high school:
1	∠.	List your academic nonors, awards and memoership activities while in high school.

13.	List your community service activities, hobbies, outside interests, and extracurricular activities:				

14.	Personal Essay			
	Please answer the following question:			
	Based on your own experience, what advice would you give others living with GI or liver conditions?			
	This question must be at least 1-2 pages, typed, double-spaced, and 12 pt / Time New Roman font. Please ensure your			
	essay contains no grammatical errors.			

15.	A. The	e follow	ving Yes/No items must be attached to this application in order for the application to qualify to be		
	review	ewed by the scholarship committee.			
	B. Yo	Your application will not be considered if the Yes/No items are not attached to this application. (No exceptions.)			
	C. Cir	C. Circle "YES" or "NO" to be sure you have attached each item as required.			
	D. The picture request is optional and your application will be reviewed if submitted without a picture.				
	YES	NO	Completed application. All questions are answered completely.		
	YES	NO	Most recent official high school/college transcripts. Photocopies of your transcript are acceptable, if		
			transcript is signed by a guidance counselor or principal.		
	YES	NO Personal Essay. Must be at least 1-2 pages, typed, double-spaced, and 12 pt / Time New Roman f			
			Please ensure your essay contains no grammatical errors.		
	Yes	No	Proof of diagnosis form		
	Yes	No	Two letters of recommendation		
	Optional		Picture of Applicant		

I hereby affirm that all the stated information provided by me is true and correct to the best of my knowledge. I understand that if chosen as a scholarship recipient, according to the Connecticut GI Foundation Scholarship policy, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded. In addition, I understand that if I am awarded a scholarship, Connecticut GI may use my first name and first initial of my last name for publication.

Required Signature of scholarship applicant:	Date:	
Required Signature of applicant's guardian/ parent:		Date:

\_\_\_\_\_

The below consent is optional and will not in any way preclude your application from being reviewed or you being awarded a scholarship.

Your story is unique and compelling and, we feel, can help others in a similar situation. We would like to ask your permission to use the personal statement you provided, along with the picture you submitted (if you indeed submitted one). Please check the box next to yes, if you give Connecticut GI permission to use your personal statement and picture for publication. Check the box next to no if you would prefer that Connecticut GI not use your personal statement and picture. Please be sure to re-sign again if you give permission.

Yes, I give Connecticut GI permission to use my personal statement and picture for publication.

No, I do not give Connecticut GI permission to use my personal statement and picture for publication.

Signature of scholarship applicant		Date:
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Signature of applicant's guardian/ parent: \_\_\_\_\_ Date: \_\_\_\_\_