

Grant Christopher Alexander and Jordyn Christine Alexander College Scholarship Application

Name			SSN
Address			
City		State	ZIP
Phone			Date of birth
Gender	GPA	SAT score	or ACT score
Colleges appli	ed to or college:	s attending	
First choice		Second choice	
Intended major (If	uncertain, put unde	cided)	
High school ex	perience		
High school attend	ded		Date of graduation
Employment (Inclu	ude name(s) of emplo	oyers, hours per week, and c	dates worked):
School activities:			

High school record release

We authorize the high school counselor or other high school personnel to release to the Grant Christopher Alexander and Jordyn Christine Alexander College Scholarship records such as transcripts, class rank, test results and any other pertinent information that might be required in determining scholarship eligibility.

Signature of parent	Signature of applicant		
Principal endorsement			
The principal who signs this application verifies that application are true and accurate to the best of yo		nformation provided	d on this
Signature of Principal			
Parent and student responsibility agree	ment		
Please read and initial		Applicant initials	Parent Initials
We understand that applications postmarked later July 1, 2021 will not be considered.	than		
We understand that any substantial scholarships re (other than state and federal grants and awards th aid office) must be reported to the GCA JCA Colle	rough the financial		
Please include the following with your applicat	ion:		
 A brief essay (200–500 words) that explains eithe dedicated yourself to helping others 	r how you have overco	me adversity or how	you have
2. A copy of your Free Application for Student Aid	(FAFSA) summary		
3. A copy of your most recent transcripts			

Are you willing to be interviewed by the GCA JCA College Scholarship? Yes ______

Mail to:

GCAJCA Scholarship ATTN: Harry Alexander 20254 Cedar Cliff Lawrenceburg, IN 47025



No _____