



GWYNETH'S
GIFT

*Gwyneth's Gift Foundation Scholarship
Application*

*Due by Wednesday, **March 6, 2024***

Please Complete All Sections

Do not complete this section

Date Received:

Name:

Name:

Date:

High School:

Home Mailing Address:

Street:

City _____ State _____ Zip _____

Best email address:

Home Phone

_____

Alt. Phone

_____

*Name of institution of higher learning at which
you have been accepted and plan to attend:*

I am interested in pursuing the following career:

Scholarship awards are intended for qualified tuition and related expenses. Payments will be made directly to the recipient at the high school awards ceremony.

Applicant must provide Gwyneth's Gift Foundation with an official statement indicating admission. Failure to do so will result in funds not being awarded.

Have you received disciplinary action in the form of detention or above in the last six months? Yes No

Name and phone number of your Guidance Counselor

The Scholarship Committee reserves the right to award any and all scholarships. All applicants must meet performance standards through the end of the current school year. By signing this application, you verify that the information you have provided is true and accurate.

Applicant's Signature

Date