SARAH L. GAMBLE FOUNDATION SCHOLARSHIP APPLICATION FORM Non-Profit Organization

This application is for the Sarah L. Gamble Scholarship. The recipients will demonstrate a financial need and with consideration and the following criteria's: <u>Community Involvement</u> and/or <u>Faith Based Involvement</u>. To be considered for one of these scholarships you must:

- 1. Return this application with your essay as described on the next page.
- 2. Submit your High School transcript to the address listed on application.
- 3. Recipient must be accepted at an accredited college or university.
- 4. Recipient must have a GED or High School Diploma.
- 5. Recipient must have a minimum GPA of 2.0 grade average.
- 6. Recipient has shown an active role in the community and/or the church.
- 7. Deadline for receipt of application <u>must be submitted and postmarked by April 30 or on-line</u> to the Sarah L. Gamble Foundation.
- 8. Recipient must submit two separate references as stated below.
- 9. Must be a United States Citizen

Senior grades will be required for 2nd marking period or 3rd for schools with six marking periods. Please include your E-mail address and your cell phone number.

Complete the following:

Name:First		SS	SN (last 4 digits)	Gender		
	Middle Co	Last unty	Home Phone	Cell Phone		
City	State_	Zip Code	E-mail			
High School		School Ph	none			
Address		City		Zip		
Graduation Year	Grade Point Average(Un-we	/				
Aptitude Test:						
ACT Composite Score(Please submit copy of test sco	or SAT Scores: Ve	rbalMath _	Writing	Total		
Intended major(s) or areas of	interest(s) are: (please list in order	of preference)				
First choice	Second choice					
College: List the colleges y	ou have applied or intend to ap			olied -b – intend to apply		
First						
Second						
Third						
Parent/Guardian Informat	ion:					
Mother/Guardian Name:			ather/Guardian's Name:			
Address:		Address: _				
Cell	E-mail	Cell	E-mail			

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Sarah L. Gamble Foundation, 31 Drowne St., Cranston, Rhode Island 02905

Tel.: (401) 354-8287/Fax: (401) 354-8287 Email: sarahgamblefoundation@yahoo.com

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Financial Information: (Total gross family income) Be aware that most scholarship givers require a SAR (Student Aid Report) as part of the documentation before making any final selections. Submit a copy of your SAR (Student Aid Report to us as soon as it becomes available. FAFSA must be postmarked by 4/30.

Person I.	nal Achievements: You may attach a resume in lieu of I, II, III, IV, a Extra-curricular Activities or Office Held	nd V. Year	Position Held	
II.	Community Service			
III.	Employment			
IV.	Awards			
V.	Church Activities			
•••	——————————————————————————————————————			
VI.	References: List three (3) references and their relationship to you (teach (Submit letters of recommendations/references with application) Include			
	: Please write a short essay in detail on a separate sheet describing your , employment, and community service that have contributed to your person			
e-mail	IT COMPLETED APPLICATION TO: Sarah L. Gamble Foundatio to: sarahgamblefoundation@yahoo.com. Please return completed a NCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.			
Applic	ant Signature	Date	(Page 2 of 2) Rev. 13 4/24	
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