

## FRANCES WREDE GOLL GRAY SCHOLARSHIP

This scholarship is awarded annually for no more than four years to students with an emphasis on (1) veteran status of the applicant or their immediate family and (2) financial need. To qualify for the scholarship you or your spouse, parent, grandparent, or sibling must be a current member of the armed forces or a veteran of the armed forces. Pursuant to the Last Will and Testament of Frances Wrede Goll Gray, applicants must reside within the Garner-Hayfield School District as it existed in 1995. No open enrolled applicants are accepted. **Due on or before April 1<sup>st</sup>.**

### **PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

**VETERAN CONNECTION:** To qualify for the scholarship you or your spouse, parent, grandparent, or sibling must be a current member of the armed forces or a veteran of the armed forces.

Are you a member of the armed forces or veteran of the armed forces? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your spouse, parent, grandparent or sibling a member of the armed forces or a veteran of the armed forces?

Yes \_\_\_\_\_ No \_\_\_\_\_ Your relationship to the veteran: \_\_\_\_\_

### **EDUCATION INFORMATION:**

Year you graduated/will graduate from Garner-Hayfield High School? \_\_\_\_\_

Name of college/tech school you plan to attend or are presently attending? \_\_\_\_\_

Field of study you plan to pursue? \_\_\_\_\_

Number of completed **college** \_\_\_\_\_ semesters \_\_\_\_\_ quarters \_\_\_\_\_ other hours

List educational institutions at which you have studied beginning with high school:

<u>Name</u>	<u>Address</u>	<u>Dates</u>	<u>Graduation</u>	<u>Degree</u>
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1.

2.

3.

Have you received the Frances Wrede Goll Gray Scholarship before? \_\_\_\_\_

If yes, number of years received. \_\_\_\_\_

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

**ESSAY SECTION: (Type written if possible – no name on these pages please)**

**PART I:** Please briefly explain how the veteran listed above has influenced you.

**PART II:** How do you plan to use the money from the Gray Scholarship? Include any information that explains your financial needs that may be helpful to the committee.

**Please attach a copy of a current transcript/grade report.** (High school seniors attach a transcript with seven semesters of grades.)

Applications may be mailed or submitted on-line **on or before April 1<sup>st</sup>** along with the transcript/grade report to the following addresses:

Mail to:

Email to:

Jan Bier  
Garner-Hayfield-Ventura High School  
605 Lyon Street  
Garner, IA 50438

or

Cheryl Hanna at [channa1@comm1net.net](mailto:channa1@comm1net.net)

If selected as a recipient of the scholarship, proof of enrollment must be submitted to the following address or email address **no later than September 15:**

Mail to:

Email to:

Collin Davison  
G-H Education Foundation  
2795 Taft Avenue  
Garner, Iowa 50438

or

Cheryl Hanna at [channa1@comm1net.net](mailto:channa1@comm1net.net)

**If you have any questions, please contact Angie Bierle, High School Guidance Counselor at 641-923-2632.**

**The Garner-Hayfield Education Foundation is the governing body for this scholarship.**