

Gail Devers Foundation Scholarship Form

Please Print or Type Form Can Be Duplicated

Student Information

Last Name _____ First Name _____ M.I. _____

Address _____

City _____ State _____ County _____

Zip _____ Telephone _____ SS# _____ Race _____

School Information

Name of School _____

Address _____

County _____ State _____ Zip _____ Telephone _____

Counselor _____

Criteria

Rank in Class _____ Size of Class _____ GPA _____

ACT Composite Score: _____ SAT Scores: Verbal _____ Math _____ Total _____

School Organizations/Clubs/Activities:

Community Service:

Educational Goals: Circle One

2 yr college 4 yr college Vocational/Technical School

On a separate sheet of paper, explain in a page or less, why you should be considered for the Gail Devers Foundation Scholarship.

Date _____ Student Signature _____