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**2022 GEORGIA DECA MEMORIAL/FOUNDATION SCHOLARSHIP GUIDELINES**

*MUST BE TYPED OR WORD PROCESSED*

**Application Checklist:**

**\_\_**\_\_ **COVER LETTER:** Please include a cover letter to introduce yourself and explain your specific education objective, and actions taken or planned, to accomplish this. Limit 1 page.

Note: Address the letter to the scholarship committee & IT MUST BE SIGNED by the applicant.

\_\_\_\_ **FINANCIAL STATE OF NEED**: Provide a SIGNED statement detailing specific circumstances affecting your need for financial assistance for college. Parent(s)/Guardian(s) may attach additional information if desired.

\_\_\_\_ **RESUME:** Please attach an updated resume. Include DECA Activities and other school and community activities as well.

\_\_\_\_ **REFERENCE LETTERS**

1. SIGNED Personal Reference: Personal reference letter from individual not used in any other section of application.
2. SIGNED Community Reference: Letter from outside of school and family.
3. SIGNED Advisor Recommendation Letter: Validate student’s request. Tell us things OUTSIDE of resume.

\_\_\_\_ **TRANSCRIPTS:** Include an official sealed transcript with explanation of terms and scale. Transcript must include final grades from the end of the student’s Junior/11th Grade year or later if available.

**NOTE:** MAXIMUM 2 APPLICATIONS PER CHAPTER. APPLICATIONS MUST BE RECEIVED BY BUSINESS CLOSE, MONDAY JANUARY 10, 2022…NO EXCEPTIONS.

**GEORGIA DECA FOUNDATION**

**1150 GREAT OAKS DR**

 **LAWRENCEVILLE GA 30045**

 **FINAL INTERVIEWS NOW SCHEDULED ON FRIDAY, JAN 28 AT STATE CDC.**

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**GEORGIA DECA MEMORIAL/FOUNDATION SCHOLARSHIP APPLICATION-2022**

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

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male\_\_\_ Female\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_ E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone (Include Area Code):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Parent(s) or Legal Guardian(s) with whom you live: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Advisor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_**

**Related Occupational Experiences:**

**Employment Dates Firm Position Held**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

List the post high school education institutions to which you have applied for admission and the estimated total cost of one full year of study including room and board at the school:

**College or University Accepted? Estimated Cost**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

 **2**

List the estimated financial resources you have available toward the cost of one full year of study:

**FAMILY CONTRIBUTION $**

**APPLICANT $**

**SIGNATURES AND CERTIFICATON:**

I certify the information given above is accurate and signatures originals.

I will attend the State Career and Development Conference (CDC) and if an application finalist, will be available for an interview. You will be given schedule of time and place.

IMPORTANT: I AGREE TO REQUEST FUNDS NO LATER THAN DECEMBER 31, 2022. If not claimed, scholarship is deemed forfeited.

**APPLICANT SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/GUARDIAN:** I have reviewed this application and the statements are true, complete, and correct to the best of my knowledge and belief.

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GEORGIA DECA ADVISOR:** I certify that the applicant is in good standing in the marketing program and find the statements to be true and correct to the best of my knowledge and belief.

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

APPLICATIONS MUST ARRIVE IN OFFICE BY MONDAY , JANUARY 10, 2022 – NO EXCEPTIONS.

 **ADDRESS: 1150 GREAT OAKS DRIVE LAWRENCEVILLE, GA, 30045.**