



GEORGIA DECA MEMORIAL/FOUNDATION SCHOLARSHIP GUIDELINES-2019

MUST BE TYPED OR WORD PROCESSED

All letters/statements MUST BE signed by author-PENALTIES APPLICABLE

APPLICATION CONTENT REQUIREMENTS & CHECK LIST...

___ COVER LETTER/ LETTER OF INTRODUCTION: Please include a cover letter to introduce yourself and explain your specific education objective, and actions taken or planned, to accomplish this. **ONE(1) PAGE LIMIT PLEASE...**

Addressed to the scholarship committee and 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: UNSIGNED LETTERS UNACCEPTABLE- PENALTIES

- 1. SIGNED Personal Qualities 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 and Guidance Counselor Recommendation Letter(may be joint).** Tell us things about student 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: APPLICATIONS MUST BE RECEIVED BY BUSINESS CLOSE, WEDNESDAY JANUARY 30, 2019...NO EXCEPTIONS.

GEORGIA DECA FOUNDATION, 1150 GREAT OAKS DR,LAWRENCEVILLE GA 30045



GEORGIA DECA MEMORIAL/FOUNDATION SCHOLARSHIP APPLICATION-2019

Name: _____ **Date of Birth** _____

Address: _____ **Male**___ **Female**___

City:_____ **State:**_____ **Zip Code**_____

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/ZipCode_____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

If awarded a scholarship, I understand I must maintain a 3.0 grade average (based on a 4.0 system) and agree to give strict attention to my studies and the regulations of the college or postsecondary school. If I fail to make satisfactory grades or withdraw from the institution during the year of enrollment following my scholarship distribution, any refundable portion of scholarship proceeds as deemed by the policies of the institution, shall be returned to the Georgia DECA Foundation, its successors or assigns, and may be subject to collection and prosecution under the laws of the state of Georgia.

IMPORTANT: I AGREE TO REQUEST FUNDS NO LATER THAT ONE YEAR AFTER HIGH SCHOOL GRADUATION unless the Georgia DECA Foundation Board approves an exception for special circumstances. 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 _____

SCHOOL COUNSELOR:

I have reviewed the applicant's responses and certify that they are correct, according to current official school records.

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_____

COMPLETED APPLICATIONS MUST ARRIVE IN OFFICE BY JANUARY 30, 2019

ADDRESS:

**GEORGIA DECA FOUNDATION
1150 GREAT OAKS DRIVE
LAWRENCEVILLE GA 30045**