

CHURCH OF THE GOOD SHEPHERD
64 UNIVERSITY TERRACE
ATHENS, OHIO 45701

ELEANOR GIFFORD SCHOLARSHIP APPLICATION

NAME: _____ AGE: _____

SOCIAL SECURITY NUMBER: _____

PARENTS' NAME: _____

ADDRESS: _____

PHONE: _____

SCHOLASTIC STANDING:

EXTRA CURRICULAR ACTIVITIES:

CAREER INTERESTS:

ADDITIONAL COMMENTS:

RECOMMENDED BY: _____ TITLE: _____

HIGH SCHOOL: _____

BE SURE TO COMPLETE THE OTHER SIDE

PARENT (FATHER) OR GUARDIAN'S NAME: _____

OCCUPATION: _____

PLACE OF EMPLOYMENT _____

MOTHER'S NAME: _____

MOTHER'S OCCUPATION: _____

PLACE OF EMPLOYMENT _____

Please describe your family group. List brothers and sisters, if any, their ages, whether they live at home, go to school, attend college, etc.

Please write a brief statement concerning any special circumstances or needs that the Scholarship Committee should be aware of in considering this application.

Do you plan to work this summer? Where?
Doing what?

Do you plan to live at home ___ or in a freshmen dorm at O.U. ___?
(Please check)

How much financial aid do you feel you need? _____