

GAMES SCHOLARSHIP APPLICATION

CRITERIA

In order to qualify for a GAMES Scholarship, student must be enrolled as a full-time student living on the Cochran campus. Student must possess a cumulative GPA of 3.0 or higher at the end of the academic year to be eligible to apply for a scholarship for the subsequent year.

Deadline: June 1. Application for GAMES Admission must also be on file.

REQUIRED DOCUMENTATION

- ✓ Page 1 and 2 of parents' 1040, 1040A, or 1040EZ with W-2 form(s) and Schedule A if itemized for most recent tax year.
- ✓ Page 1 and 2 of student's 1040, 1040A, or 1040EZ with W-2 form(s) and Schedule A if itemized for most recent tax year.

STUDENT INFORMATION

| | | |
|--|--|----------------|
| Last Name | First Name | Middle Initial |
| Permanent Mailing Address | | |
| City | State | Zip |
| Home Phone | Cell | Email |
| Date of Birth | I am a <input type="checkbox"/> 1 st year <input type="checkbox"/> 2 nd year GAMES student | |
| Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Alien Reg. No. _____ | | |
| Are you a resident of Georgia <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since when? _____ | | |
| Are your parents <input type="checkbox"/> Married/Remarried <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed | | |

PARENT INFORMATION

| |
|---|
| Father's Name |
| Highest Level of Education Completed <input type="checkbox"/> Graduate School <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> High School |
| Father is <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Laid-Off <input type="checkbox"/> Disabled |
| Father's Occupation/Employer |
| Mother's Name |
| Highest Level of Education Completed <input type="checkbox"/> Graduate School <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> High School |
| Mother is <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Laid-Off <input type="checkbox"/> Disabled |
| Mother's Occupation/Employer |
| Number of family members in the household during the time the student will be attending college? ____ |
| Number in the household who will be college students during this same time frame? ____ |
| Report the child support the student's parents paid because of divorce or separation or as a result of a legal requirement. Don't include support for children in the parent's household, as reported in the question above. \$ _____ |
| Report combat pay or special combat pay. Only enter the amount that was taxable and included in the student's parent's adjusted gross income. \$ _____ |
| Report child support received for all children. \$ _____ |
| Report housing, food, and other living expenses paid to members of the military, clergy, and others (including cash payments and cash value of benefits). \$ _____ |
| Report Veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. \$ _____ |
| Report other untaxed income not reported, such as workers' compensation, disability, etc. \$ _____ |
| Please provide any employment challenges/hardships/extenuating circumstances in which you are |

currently involved, and include supportive documentation. Provide the name and contact information of someone who could verify this information. Additional information may be requested.

Please provide any personal challenges/hardships/extenuating circumstances in which you are currently involved, and include supportive documentation. Provide the name and contact information of someone who could verify this information. Additional information may be requested.

CERTIFICATION

I/we certify that the information reported above and on any other documentation or writing in connection with this application is true, correct and complete to the best of my/our knowledge.

| | |
|---------|-------|
| _____ | _____ |
| Student | Date |
| _____ | _____ |
| Parent | Date |
| _____ | _____ |
| Parent | Date |