## GDS FAIR SCHOLARSHIP APPLICATION

Name		
Address		
City		
Phone(s)	Birth Date	
Email		
High School		
Names of Parents/Guardians		
Are you a Member of the GDS Fair? _		
Are your parents/guardians or grandparents		,,
Will you graduate from high school in	spring of this year?	
Name of College, Business or Trade So	chool you will be attending a	and address:
Field of Study or Major		
When will you start your courses/progr	ram at this institution?	
I hereby authorize the High School Guall applicable information to the GDS I	idance Office to verify informations in Scholarship Committee.	mation on this page and to release
Student's signature		Date

\*\* Remember to attach your typed essay and responses to the questions on the previous page when submitting this application.