



*"...Every perfect gift comes from above..."*

THE JOSHUA DAVID GARDNER  
MEMORIAL SCHOLARSHIP ENDOWMENT

SCHOLARSHIP APPLICATION

JOSHUA DAVID GARDNER MEMORIAL SCHOLARSHIP ENDOWMENT, INC.

Application Form (2009-2010)

***Applicant Information***

Name: \_\_\_\_\_

Date of Birth: (mm/dd/yyyy) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Apt: \_\_\_\_\_

Daytime Phone:( ) \_\_\_\_\_ Evening Phone:( ) \_\_\_\_\_

Fax:( ) \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status:  Single  Married U.S. Citizen:  Yes  No

Parent,  Guardian, or  Spouse

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Apt: \_\_\_\_\_

Daytime Phone:( ) \_\_\_\_\_ Evening Phone:( ) \_\_\_\_\_

Fax:( ) \_\_\_\_\_ Email: \_\_\_\_\_

**HIGH SCHOOL INFORMATION:**

High School Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone:( ) \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Fax:( ) \_\_\_\_\_ Email: \_\_\_\_\_

**HIGHER LEARNING INSTITUTION PLANNING TO ATTEND OR PRESENTLY ATTENDING:**

Institution Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone:( ) \_\_\_\_\_ Fax:( ) \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

Undergraduate Year: \_\_\_\_\_ Degree(s) Pursued: \_\_\_\_\_

Beginning Year: \_\_\_\_\_ Subject/Major(s): \_\_\_\_\_

Planned Completion: \_\_\_\_\_ Vocation Pursued: \_\_\_\_\_

## *Nomination and References*

THREE LETTERS OF RECOMMENDATION ARE REQUIRED. Recommendation letters can be from a pastor, counselor, teacher, principal, employer, or non-family member attesting to the applicant's character, personality, and academic ability. AT LEAST ONE RECOMMENDATION MUST BE FROM AN ACADEMIC REFERENCE.

### REFERENCE #1

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
City: State: Zip:

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

### REFERENCE #2

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
City: State: Zip:

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

### REFERENCE #3

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
City: State: Zip:

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

