

APPLICATION FOR THE HOME BUILDERS ASSOCIATION OF GREATER SAVANNAH FOUNDERS SCHOLARSHIP FUND

_____ High School Submits _____
as an applicant for the FOUNDERS SCHOLARSHIP PROGRAM. The applicant will graduate this Spring and plans to continue his/her education in college.

CRITERIA

The Scholarship Award will be made solely to further the home building profession by assisting students who will pursue a career directly related to the home building industry.

A CUMULATIVE GPA OF 2.5 OR HIGHER IS REQUIRED

Student's Home Address _____

Phone Number _____

E-Mail Address _____

Signature _____

Date _____

Note:

- Application must be fully completed, or it will be returned to the applicant
- Please attach a copy of your transcript/grades supplied by your high school
- Please attach one (1) recommendation letter from a teacher or counselor

Please mail to:
Patty Rietkovich
HBA of Greater Savannah
7116 Hodgson Memorial Drive
Savannah, GA 31406

Patty@homebuildersofsavannah.com

DEADLINE: April 15, 2022

**OBJECTIVE CRITERIA LIST
HOME BUILDERS ASSOCIATION OF GREATER SAVANNAH
SCHOLARSHIP FUND**

Student's Name _____

Please type or print legibly

I. ACT OR SAT Scores

ACT Composite Score _____ or SAT Combined Score _____

II. Student's Cumulative High School Grade Point Average EXCLUDING Spring Semester Senior

GPA (Cumulative) _____ – Unweighted _____

III. Where do you plan to attend College:

Have you been officially accepted to this College or University? _____

**IV. Have you applied for and/or received additional College Scholarships? _____
If Yes, Indicate Amount _____**

V. Financial Need

Indicate your family's adjusted gross income from last year's income tax return.

_____ Under \$15,000 _____ \$30,001 TO \$35,000

_____ \$15,001 TO \$20,000 _____ \$35,001 TO \$50,000

_____ \$20,001 TO \$25,000 _____ \$50,001 TO \$100,000

_____ \$25,001 TO \$30,000 _____ Over \$100,000

Please Provide the following:

Mother:

NAME

ADDRESS, CITY, ST, ZIP

OCCUPATION

Father :

NAME

ADDRESS, CITY, ST, ZIP

OCCUPATION

Total Number of family members living at home _____

Total Number of dependents in your family including yourself _____

Number of Children _____ Ages _____ # Attending College _____

Required Attachment

- Please attach a copy of your transcript/grades supplied by your high school
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VI. EXTRACURRICULAR ACTIVITIES

Please describe your extra-curricular activities, clubs and any offices held

HONORS OR AWARDS: _____

COMMUNITY OR OTHER ACTIVITIES:

VII. WORK ACTIVITY

Are You Employed?? YES _____ NO _____ Where _____

If yes, Part Time or Full Time _____

Describe other work activities such as helping at home, family business, etc.

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VIII. In the space provided below, please describe in 200 words or less, why you want to be a recipient of the Founders Scholarship Award. The course of study or major field of interest you plan to follow, your proposed occupation or profession, and other abilities you have that were not mentioned on this application.
