



Alexandria Leigh Goodwin Memorial Scholarship Application

**** A minimum of \$1000 will be awarded! ****

***** SUBMISSION DEADLINE: APRIL 10, 2020 *****

The ALGA Memorial Scholarship Application Process:

SCHOLARSHIP APPLICANTS MUST PROVIDE:

- A completed ALGA Memorial Scholarship Application.
- Proof of Academic Standing → Your GMHS Transcript
- A Letter of Recommendation from a former or current teacher.
- A Reference Letter from a past or present employer or from a community member.
- Proof of Acceptance to an accredited post-secondary school.

SCHOLARSHIP AWARDS:

- The winner of the ALGA Scholarship is announced at the GMHS Evening of Excellence.
- The winner must provide the address of the Financial Aid Office at the school they will attend.
- Scholarship funds are distributed after all requirements are met by the ALGA Recipient.

PLEASE MAIL OR EMAIL YOUR APPLICATION TO:

**Scholarship Program
The Alexandria Leigh Goodwin Angel Foundation
Attention: Sara Sherman
2611 Winningwillow Dr.
Columbus, OH 43207
alex.foundation8@gmail.com**

The 2020 ALGA Memorial Scholarship Application

Print and complete, answer on a separate sheet of paper, or copy this document and make it your own.

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|----|--|--------------------------|
| 1. | Last Name: _____ | First Name: _____ |
| 2. | Address: Street: _____ City: _____ State: _____ ZIP: _____ | |
| 3. | Daytime Phone: _____ Evening Phone: _____ Email Address: _____ | |
| 4. | High School(s) Attended: _____ | # of Years @ GMHS: _____ |
| 5. | In the Fall of 2020, I will be attending: _____ (Post-Secondary School) Address: _____ Phone: _____ | |
| 6. | Will you be a full time student? _____ Yes _____ No | |
| 7. | Grade Point Average (GPA): _____ (attach proof of GPA by submitting your high school transcript) | |
| 8. | Parent Name: _____ (if different than above) Street: _____ City: _____ State: _____ ZIP: _____ Daytime Parent Phone: _____ Evening Parent Phone: _____ | |
| 9. | List the name of any college(s) you have previously attended: | |
| | Name of School(s) Previously Attended | Start Date |
| | | Finish Date |
| | | Graduation Date |
| | | Degree Earned |
| | A. | |
| | B. | |

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| 10. | EXTRA-CURRICULAR ACTIVITIES: List extra-curricular activities. Note leadership roles and dates. |
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| 11. | AREA OF STUDY: What do you want to study and why? |
| 12. | ORGANIZATIONS: Please list community organizations such as service, volunteer and religious organizations in which you are now active or have previously been active. Note leadership roles and dates. |
| 13. | RECOGNITIONS: List awards & recognitions given. Note organizations presenting honors, and the dates. |
| 14. | GOALS: What are the short and long term goals in life? How does service to others fit into your goals? |
| 15. | What do <u>Random Acts of Kindness</u> mean to you, why are they important, and how execute them in your own life? |

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| 16. | A. All items must be included with this application in order to be considered for the ALGA Scholarship. B. Your application will be returned to you if any of the required items are omitted or incomplete. C. Circle "YES" or "NO" below to confirm that you have submitted each item with your application. | | |
| 17. | YES | NO | Two Reference Letters. References should mail or email letters to: The Alexandria Leigh Angel Foundation Attention: Sara Sherman 2611 Winningwillow Drive Columbus, OH 43207 alex.foundation8@gmail.com |
| | YES | NO | Proof of college acceptance or current student enrollment. A letter of college acceptance or post-secondary program acceptance is required for receipt of funds. |
| | YES | NO | Most recent high school and/or college transcript. |
| | YES | NO | Completion of Items 1 - 16 above. |

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STATEMENT OF ACCURACY

I hereby affirm that all of the information provided by me to The Alexandria Leigh Angel Foundation is accurate. I also give consent that my picture may be taken and used for any purpose deemed necessary to promote The Alexandria Leigh Goodwin Angel Foundation and its scholarship.

I hereby understand that if chosen as a scholarship winner, I must provide proof of enrollment and/or registration at the post-secondary institution of my choice before scholarship funds will be awarded.

Signature of Applicant: _____ **Date:** _____

**** Application Deadline: April 10, 2020 ****