

THE ERIN M. GILES SCHOLARSHIP FOUNDATION,  
INC.

SCHOLARSHIP APPLICATION

**THE ERIN M. GILES SCHOLARSHIP FOUNDATION, INC.  
SCHOLARSHIP PROGRAM**

**Scholarship Recipient Criteria**

1. Must be a high school student attending or who will be attending Saint Elizabeth High School, located at 1500 Cedar Street, in the City of Wilmington, and the State of Delaware.
2. Should demonstrate academic stability and have a well-rounded involvement in extra-curricular and community activities.
3. May submit documentation to establish the financial need.

**Application Process**

1. Applicant should submit a completed application form, including all attachments, to the following;
  - a. The Erin M. Giles Scholarship Foundation, Inc., P.O. BOX 10766 Wilmington DE 19850-0766
2. The ERIN M. GILES SCHOLARSHIP FOUNDATION, INC. will select, from among qualified applicants and will award scholarships at its sole discretion and subject to the availability of funding.

**Scholarship Amount and Payment**

The ERIN M. GILES SCHOLARSHIP FOUNDATION, INC. will determine a scholarship amount for each individual recipient based upon the information provided in this application. A scholarship recipient's failure to provide the required documentation will result in a forfeiture of the respective scholarship payment. Payment will be made directly to the school.

**THE ERIN M. GILES SCHOLARSHIP FOUNDATION, INC.**

Name (First, Middle, Last): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Presently Attending: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_ Phone: \_\_\_\_\_

Cumulative Grade Point Average: \_\_\_\_\_ Rank in Class: \_\_\_\_\_

S.A.T. Total: \_\_\_\_\_ Verbal: \_\_\_\_\_ Math: \_\_\_\_\_ Written: \_\_\_\_\_

**Applicants must attach to this Application a recent official copy of your school transcript. Prior-year recipients who are re-applying must attach an official copy of your SAT results.**

Academic Honors or achievements received:

School activities and/or organizations in which you participated, including dates of participation and any positions held:

Community or church/temple-affiliated involvement outside of school, including any positions held and dates of involvement:

If you are a high school senior, list, in order of your preference, the universities or colleges (including locations) to which you have been accepted:

Intended Major:

Intended Career:

**Parents or Legal Guardian(s):**

Father: Name:

Occupation:

Employer:

Mother: Name:

Occupation:

Employer:

Number of brothers and sisters: \_\_\_\_\_ Ages: \_\_\_\_\_

List any brothers or sisters who are still attending school attending and provide the following information for each. Name and location of the school, grade:

**Financial Information (Optional):**

**Note: In the event of equally qualified candidates, financial need may be used as selection criteria. If you wish to be considered under such circumstances, complete the optional Financial Information portion of the application.**

If eligible, have you submitted to anyone else for financial aid of any type.

\_\_\_\_\_Yes    \_\_\_\_\_No

If yes, please explain.

Are you eligible for any other grant or aid?    \_\_\_\_\_Yes    \_\_\_\_\_No

If yes please give details:

**References:**

List three persons (not related to you) in responsible positions who can attest to your personal character, abilities and qualifications. At least one of these references should not be associated with your school:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Position</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Essay:**

**In a separate essay of up to 500 words, write about your academic and vocational goals, including why you should be considered for The ERIN M. GILES SCHOLARSHIP FOUNDATION, INC. Scholarship. Attach the essay to this Application.**

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***I acknowledge decisions of The ERIN M. GILES SCHOLARSHIP FOUNDATION, INC. are final. In submitting this application, I agree to allow The ERIN M. GILES SCHOLARSHIP FOUNDATION, INC. to review my application and all supporting documents including transcripts and the essay. I certify that the information herein is true and correct and the essay is my personal work and creation. I agree to provide proof of information I have given on this form, including, without limitation, a copy of requisite tax returns if requested. Falsification of information may result in termination of any scholarship granted.***

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Return this Application with all attachments to:

The ERIN M. GILES SCHOLARSHIP FOUNDATION, INC.  
Scholarship Department

Attachments Checklist:

\_\_\_\_\_ School Transcript  
\_\_\_\_\_ SAT results  
\_\_\_\_\_ Essay