



HON. EUGENE H. GADSDEN MEMORIAL SCHOLARSHIP APPLICATION
2021-2022
(Print Legibly)

NAME: (Last Name, First Name, MI.) _____ Date of Birth. _____

EDUCATION:

School: _____ City, State _____ Graduation Date: _____

Favorite Subject: _____ Least Favorite Subject: _____

HOME ADDRESS:

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

How did you learn about the Gadsden Scholarship? _____

Have you completed your Federal Student Loan application (FAFSA)? StudentAid.Ed.gov Yes: _____ No: _____

What is your EFC (Estimated Family Contribution)? \$ _____ SAT (English) _____ (Math) _____

CAMPUS ADDRESS:

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

PARENT/GUARDIAN: _____ Relationship _____

Address: _____ City: _____ State: _____ ZIP: _____

PHONE: Home: _____ Mobile: _____ Daytime: _____

Preferred Email: _____

Member of Court's in Session? Yes No Member of a 100 Black Men Program? Yes. No

CAREER OBJECTIVE: _____ MAJOR (Intended) _____

COLLEGE/UNIVERSITY: _____ ENROLLMENT DATE _____

Financial Aid/Bursar's Office: _____

Address: _____ City: _____ State: _____ ZIP: _____

STUDENT AFFIDAVIT: In consideration of this Gadsden Scholarship award by the **Savannah 100 Foundation, Inc.**, I agree to (i) diligently apply myself to my studies, (ii) conduct myself in a manner which brings pride to myself, my family, and the Savannah 100 Foundation, Inc., (iii) treat others with kindness and respect, and (iv) regularly inform the Savannah 100 Foundation, Inc. of my academic progress.

Student: _____ **Date:** _____

I promise to support Student in his/her academic and social endeavors.

Parent/Guardian: _____ **Date:** _____

Please print your name: _____

Submit this Gadsden Scholarship application **and all supporting materials** to:
Scholarship Committee
Savannah 100 Foundation, Inc.
PO Box 15001
Savannah, GA 31416-5001

For more information: Scholarship@Savannah100Foundation.org
