

**APPLICATION PACKET for
The GOIZUETA FOUNDATION
SCHOLARS FUND SCHOLARSHIP
At Abraham Baldwin Agricultural College
For Academic Year 2021-2022**

To be eligible to receive **The Goizueta Scholars Fund Scholarship**, a student must:

- Be accepted to ABAC.
- Be Hispanic/Latino.
- Must have a minimum 3.0 overall GPA.
- Demonstrate financial need.
- Reside in the United States.
- Submit a completed scholarship application packet.

Once awarded, a student must:

- Maintain a 3.0 overall GPA and be enrolled for at least 12 credit hours each semester.
- Score at least a "C" in registered classwork in order to be eligible for scholarship renewal.
- Perform a minimum of 10 hours of community service.
- Receive a minimum of 25 hours of academic tutoring per semester.
- Attend at least 3 workshops and/or presentations per semester.

Completed scholarship application packet due: Now

Any application packet postmarked after March 1 will not be considered.

There are seven parts to this application packet:		Completed
Part 1:	Application	<input type="checkbox"/>
Part 2:	Essay	<input type="checkbox"/>
Part 3:	One School/College (Language Arts) Recommendation, and One School/College (Mathematics or Science) Recommendation	<input type="checkbox"/>
Part 4:	Confidential Community Recommendation	<input type="checkbox"/>
Part 5:	High School/College transcript or GED certificate	<input type="checkbox"/>
Part 6:	SAT or ACT scores (only one is required) *	<input type="checkbox"/>
Part 7:	Income verification (Parents W-2 forms and copy of FAFSA application or worksheet)	<input type="checkbox"/>

*SAT/ACT scores are only needed if applying for the scholarship as a freshman.

Be sure to check each box indicating that you included the documents. *If you are missing any part of your application, it will not be considered.*

Scholarships are awarded up to demonstrated need and are renewable up to a maximum of 3 years for an associate's degree and 5 years for a bachelor's degree.

Please send all requested information and send to:

Mrs. Olga Contreras-Martinez
Abraham Baldwin Agricultural College
ABAC 22
2802 Moore Highway
Tifton, GA 31793

THE GOIZUETA FOUNDATION SCHOLARS FUND AT ABAC
Part 1: Student Application
Academic Year 2021-2022

Name: _____ SSN: _____

If a Social Security Number is not available, please provide an alternate ID number. The alternate ID number could be a TIN, official State-issued ID number, School ID number, INS number or other number.

Alternate ID # and Type: _____

Address: _____
PO Box/Street City State Zip

Birth date: _____ Gender: _____ E-mail: _____
Month / Day / Year

Home Phone: _____ Cell Phone: _____
(Area) Number (Area) Number

Mother/ Guardian's Name: _____ Phone: _____

Address: _____
PO Box/Street City State Zip

Father/Guardian's Name: _____ Phone: _____

Address: _____
PO Box/Street City State Zip

Someone else we can leave a message with: _____ Phone: _____

High School: _____ Graduation Date: _____ H.S. GPA: _____

If you earned a GED, please indicate where: _____

Postsecondary Institution: _____ Graduation Date: _____ GPA: _____

Expected major: _____

Have you applied to Abraham Baldwin Agricultural College? Yes No If yes, when? _____

Have you been accepted? Yes No Currently Enrolled Have not been notified

How did you hear about The Goizueta Foundation Scholars Fund at ABAC? _____

I/we certify that the information provided on this form is accurate and complete to the best of my/our knowledge. I/we further understand that any false statement subjects me to forfeiture of my scholarship. I hereby grant permission to the scholarship committee and the benefactor of the scholarship to review my academic record at Abraham Baldwin Agricultural College, both initially and during the effective period of any scholarship I may receive.

Applicant's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

If you are under the age of 18, your parent/guardian must also sign.

***If a question does not apply to you, indicate by writing "N/A". Do not leave any blanks.**

**The Goizueta Foundation Scholars Fund
Abraham Baldwin Agricultural College, Tifton, Georgia**

**Part 4: Community Recommendation
Academic Year 2021-2022**

Student's Name: _____ Phone #: _____

Address: _____

TO THE STUDENT

Please take this form to a person in your community who knows you well. Ask this person to complete this form and write a separate letter of recommendation.

TO THE EVALUATOR

Thank you for agreeing to write a recommendation letter for the applicant listed above. Your recommendation letter will constitute an important part of the selection process.

Name of Evaluator: _____ Position: _____

School/Organization: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

How long have you known this student? _____

In what capacity? _____

Please rate the student on the following qualities:

Personal Qualities	Strong (3)	Average (2)	Weak (1)
Persistence			
Leadership			
Motivation			
Responsibility			
Integrity			
Academic Potential			

Highly Recommend _____ Recommend _____ Do Not Recommend _____

Please type the recommendation letter on official letterhead and placed in a sealed envelope. In your letter, please address statements supporting the qualities listed above along with any information you want to share about the applicant. Please mail this form and recommendation letter to:

Mrs. Olga Contreras-Martinez
Abraham Baldwin Agricultural College
ABAC 22
2802 Moore Highway
Tifton, GA 31793

**The Goizueta Foundation Scholars Fund
Abraham Baldwin Agricultural College, Tifton, Georgia**

**Part 7: Income Verification
Academic Year 2020-2021**

Student Name: _____

Attachments - PLEASE READ CAREFULLY!

1. If applicant is a **U.S. resident or citizen**, you must file a 2020-2021 FAFSA (Federal Financial Aid) application. Please enclose a copy of your completed FAFSA 2020-2021 SAR report.
2. If applicant is a **non-resident student**, a Deferred Action for Childhood Arrivals (DACA) holder, or does not otherwise have permanent residency status, please submit the following:
 - Copy of the FAFSA 2020-2021 worksheet. This worksheet can be found at <http://www.fafsa.ed.gov/> Print out worksheet and complete by hand. **DO NOT SUBMIT FAFSA APPLICATION!** Return as an attachment with your application.
 - Copy of your parent’s and/or your W-2 forms for the previous year.

Please answer the following questions:

How many members of your household (including yourself) will attend college this year? _____

How many dependents (including yourself) live in your household? _____

How many members of your household work? _____

What is the approximate income of each member of your household who works?

Mother/Guardian: _____ Weekly _____ Monthly _____ Yearly

Father/Guardian: _____ Weekly _____ Monthly _____ Yearly

Other sources of income in your household:

Name: _____ Relationship: _____
 _____ Weekly _____ Monthly _____ Yearly

Name: _____ Relationship: _____
 _____ Weekly _____ Monthly _____ Yearly

Other scholarship information:

Are you receiving, or have you applied for scholarship assistance from any other source? Yes No

If yes, list the source and scholarship amount:

Source: _____ Amount: _____

Source: _____ Amount: _____

Source: _____ Amount: _____

**I/we certify that the information provided on this form is accurate and complete to the best of my/our knowledge.
I/we further understand that any false statement subjects me to forfeiture of my scholarship.**

Applicant’s Signature Date

Parent/Guardian’s Signature Date

Note: If you are under the age of 18, your parent/guardian must also sign.