## DAVIS FAMILY FOUNDATION, INC.

2881 Peachtree Road N.E. #2403 Atlanta, Georgia 30305-5106 404-983-4675 Davis.FamilyFoundation@yahoo.com

DAVIS FAMILY FOUNDATION SCHOLARSHIPS will be awarded annually. At the conclusion of the application period, the board of directors will review all **COMPLETED** applications received. Students selected will receive a minimum of Three Thousand Dollars (\$3000) to be forwarded to the college, school or university of choice and applied to educational costs.

The applicant must be a U.S. citizen and state of Georgia resident.

The applicant must belong to a historically disadvantaged group as defined by the U.S. Department of Labor Census Bureau.

The applicant must have, based upon a 4.0 grading scale, either a minimum of a 2.7 cumulative grade point average, OR a 3.0 cumulative average for the previous two complete semesters.

The applicant must be able to demonstrate the need for financial assistance in financing her/his education.

The applicant should exhibit a record of both academic and community involvement.

The applicant must submit a current and official transcript.

NOTE: The applicant must submit a <u>COMPLETED APPLICATION</u>.

<u>INCOMPLETE APPLICATIONS WILL NOT</u> be considered.

<u>DEADLINE DATE – April 28, 2023</u>

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## **SCHOLARSHIP APPLICATION**

			Date		
1.	Name				
	Permanent Address				
	CityState	Zip Code	Telephone		
2.	Check One: U.S. Citizen?	YesNo	<u> </u>		
Africa	n American Hispanic Vietnamese / Hmong Other		an		
3.	Email Address				
4.	Parental Information:				
	Mother's NameAddress				
	CityState				
	OccupationNet Income Per Year				
	Employer				
	Father's Name				
	Address				
	CityState	Zip Code	Telephone		
	Occupation	Net Ir	ncome Per Year		
	Employer				

5.	Siblings: Boys - Ages		Girls - Ages
		-	
6.	Grade Point Average – Previou	ıs two (2) semesters _	amount of a second
	Grade Point Average - Cumula	ative	
7.	Community activities, school a needed.	activities and awards –	Please use additional paper, as
	List the colleges/schools to wollege you have decided to at	hich you have applied.	Please use an * to indicate the
9.	Please list ALL scholarships/g include the amounts. (Ple	grants/loans for which	
		<del></del> >	

10. Please on a separate sheet of paper state any special personal or family circumstances affecting your need for financial assistance

	nces: (Give Name, Title, es of those who have giv ation.					
1. Name		Title				
Address		City	State			
Zip Code	Telephone	Emai	<u> </u>			
2. Name		Title				
Address		City	State			
Zip Code	Telephone	Emai	l			
		General Reference - Other than family and how s(he) is acquainted w you. Please complete ALL information requested.  Name				
you. Please co	omplete ALL information	requested.	•			
you. Please co	omplete ALL information	n requested.	<u> </u>			
you. Please co	omplete ALL information	n requested.  City	State			
NameAddressZip Code	omplete ALL information	requested.  CityEma	State_			
you. Please co	mplete ALL information	cityEma	State_ ail en provided on tl			

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Our goal is to discover something personal about you. Using a print device, set at 12-point font or less, please attach a **one page minimum / two page maximum** personal statement. Below is a list of questions you will choose from. <u>Please</u> restrict your statement to these suggestions listed below.

- Describe a moment which changed the direction of your life and why?
- If you had the authority to change your community in a positive way, what specific change would you make and why?
- Discuss a special attribute or accomplishment and explain why that sets you apart from the other applicants.
- Recount an incident or time when you experienced failure. How did it affect you, and what lessons did you learn?

**NOTE:** To ensure this statement remains with your application, please make sure it is attached to your application. Please place your name and birth date on your statement in the event we have two applicants with similar names.

ONLY A FULLY COMPLETED APPLICATION FOR FULL-TIME
STUDENTS WILL BE CONSIDERED