Applicants for scholarships must be an employee of a GSA member firm with main employment address in GA, or an immediate family member/dependent of an employee of a GSA member firm with main employment address in GA.					
Parent (Guardian) Information					
Name of Employee, Parent (Guardian) or Spouse at GSA member firm: *					
First	Middle	Last			
Parent (Guardian) Email *	Name of Member Firm *	Office Location			
	Other •				
Position *					
Personnel Director (HR)					
Name of Personnel Director (HR)	Phone # *	Ext.			

The Georgia Securities Association (GSA) Scholarships are one-time grants that may be used for general academic purposes at any accredited college, junior college, university or graduate school.

Application

pplication	
applicant Information	
ame *	
irst Middle	Last
ermanent Address *	
reet Address	
ity	State
P Code	
IF LODE	
lome Phone *	School Phone *
ersonal Email *	School Email *
ollege / University Enrolled: *	GPA: *
igh School Attended: °	GPA: *
nrolled status: *	Degree / Major (if known)

O Freshman O Sophomore O Junior O Senior

You will need to upload a PDF version of you SAR FAFSA document.

Have the FAFSA document saved before beginning the application process.

Unfortunately, our system does not allow saving of partially completed applications.

Application **Financial Information** Anticipated college expenses: Tuition (full year) \$ * Books \$ * Room and Board \$ * Total college expense (TCE) \$ * SAR FAFSA Attachment * Choose File No file chosen Accepted file types: pdf, Max. file size: 48 MB. Please attach a copy of the first page of your Student Aid Report (SAR) from FAFSA. www.fafsa.ed.gov Federal Student Aid FAFSA Electronic Student Aid Report (SAR) The SAR summarizes the information you submitted on your 2015-2016 Free Application for Federal Student Aid (FAFSA). Application Receipt Date XXX-XX-Processed Date: 01/08/2015 EFC: 000000 umber may be all zeroes or a combination of zeroes and other numbers, but if it is blank, you **Comments About Your Information** need to make corrections to your FAFSA. See the Learn about federal tax benefits for education, including the American Opportunity Tax Credit (AOTC). Based on the information we have on record for you, your EFC is 000000. You may be eligible to receive a Federal Pell Grant and other federal student aid Your school will use your EFC to determine your financial aid eligibility for federal grants, loans, and work-study, and possible funding from your state and school There is a limit to the total amount of Federal Pell Grants that a student may receive, which is the equivalent of 6 school years. Based on information reported to the National Student Loan Data System (NSLDS) by the schools you have attended, you have received Pell Grants for the equivalent of between one and one and There is a limit to the total amount of subsidized Federal student loans that you may receive. Visit StudentAid.gov and select Types of Aid/Loans for more WHAT YOU MUST DO NOW (Use the checklist below to make sure that all of your issues are resolved.) List any scholarships currently receiving and \$ amounts

Application
List any financial constraints or hardships that may affect your ability to attend college: *
List any activities (athletic, social or literary) and/or offices held in High School or College as well as any honors and/or accomplishments you have attained and indicate whether they pertain to High School or College.
Describe areas in your life where you demonstrated leadership and overcame obstacles either through your school, social, or family life *
What do you expect to gain from earning a college degree? *
How will you utilize the funds from the GSA Scholarship to make a meaningful impact on your community and the world going forward? *

	catic	

I hereby certify that:

- 1. The information I have submitted in this application is true and correct.
- 2. I understand that I am not guaranteed a scholarship since a limited number of scholarships are awarded each year.
- 3. These scholarships are one-time awards, and will be paid to the student's college or university financial aid office in the name of the student.
- 4. If awarded, I agree to fulfill the established criteria of the scholarship.
- . (a) Maintain an overall minimum of a "B" GPA.
- . (b) Continue to work hard in all endeavors.

Student Signature *	Social Security Number *	Date *
		mm/dd/yyyy