



**Georgia Compensatory Educational Leaders, Inc.**  
**Scholarship Application 2017**

The Georgia Compensatory Educational Leaders (GCEL), Inc. Scholarship is designed for high school seniors who will attend an institution of higher education in the Fall of 2017. GCEL will award two scholarships valued at \$1,000 per student. Scholarship application must be postmarked by November 15, 2016. Late or incomplete applications will not be reviewed. For additional information, please visit [www.gcel.org](http://www.gcel.org).

**SCHOLARSHIP REVIEW GUIDELINES**

- 1. Applicant must provide the following information in order to demonstrate eligibility for the GCEL Scholarship:**
  - Verification of enrollment as a senior in a Georgia Title I School for the 2016-2017 school year
  - Submit official high school transcript in a sealed envelope showing a grade point average of 2.5 or higher
  - Submit one letter of recommendation from a school official
  - Provide verification of SAT or ACT scores, and
  - Submit proof of acceptance of enrollment to a college, university, or technical school no later than September 30, 2017
  
- 2. Submit completed scholarship application package, with all applicable signatures, to:**

Joanna Gittens-Summerow,  
Scholarship Chairperson  
Bibb County School System  
Title I Office – Suite 465  
484 Mulberry Street  
Macon, Georgia 31201

*The scholarship winners will be announced at the GCEL, Inc. Conference on Wednesday, February 8, 2017 and will be posted at [www.gcel.org](http://www.gcel.org) immediately after the conference.*

**APPLICANT INFORMATION***Please print clearly or type the following information.*

1.	Last Name: _____ Middle Name: _____ First Name: _____	
2.	Permanent Residence Street: _____ City: _____ State: _____ Zip: _____	
3.	Daytime Telephone Number: (____) _____ Alternate Phone Number: (____) _____ Email Address: _____	
4.	Date of Birth: Month _____ Day _____ Year _____	Gender: (check one)      Male      Female
5.	High School: _____ Address: _____ City: _____ State: _____ Zip: _____	
7.	<b>On an attached sheet of paper, add numbers as needed to answer the following (you may attach a resume to answer question 7).</b>  A. List high school academic honors, awards and membership activities. 1. 2. 3.  B. List hobbies, other interests, extracurricular activities and school related volunteer activities: 1. 2. 3.	

	<p>C. List non-school sponsored community volunteer activities:</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>
8.	<p>A. List name and location of university, college or technical college you plan to attend.</p> <p>Name: _____</p> <p>Location: _____</p> <p>B. List top three colleges and locations if not decided at this time-</p> <p>1. Name: _____</p> <p>Location: _____</p> <p>2. Name: _____</p> <p>Location: _____</p> <p>3. Name: _____</p> <p>Location: _____</p> <p><i>(Scholarship award will be mailed directly to the recipient's college account. Verification of enrollment must be provided.)</i></p>
9.	<b>Indicate course of study?</b>
10.	<b>What are your career goals?</b>
11.	<p><b>On a separate sheet write an essay (250 - 500 words) stating applicant's future goals. Essay must include the following:</b></p> <ul style="list-style-type: none"> <li>• Describe how volunteer or community service has shaped who you are today,</li> <li>• What community service has taught you,</li> <li>• Discuss any challenge(s) or obstacle(s) you have encountered and overcome in life, and</li> <li>• How this challenge or obstacle will help you succeed in college and beyond.</li> </ul>

**PARENT INFORMATION**

12. Name and address of parent(s) or legal guardian(s):

*(Include address if different than listed in Question 2)*

Name(s): \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone of parents or legal guardian(s): ( ) \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

I certify the information provided is true to the best of my knowledge and grant permission for the information contained to be shared with the scholarship selection committee.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

**SCHOLARSHIP COMMITTEE USE ONLY:**

Date application received: \_\_\_\_\_

Verification of enrollment as a senior

Reviewed by: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remarks: