APPLICATION PACKET for
The GOIZUETA FOUNDATION
SCHOLARS FUND SCHOLARSHIP
at Abraham Baldwin Agricultural College
for Academic Year 2015-2016

To be eligible to receive The Goizueta Scholars Fund Scholarship you 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:

- Student must maintain a 3.0 overall GPA and be enrolled for at least 12 credit hours throughout the semester.
- Score no less than a letter grade of "C" or better 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

Completed scholarship application packet due: **March 2nd, 2015**.
Any application packet postmarked after March 2nd will not be considered.

<table>
<thead>
<tr>
<th>There are seven parts to this application packet*:</th>
<th>Completed</th>
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<td>Part 2: Essay*</td>
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<td>Part 3: Confidential School/College Recommendation*</td>
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<td>Part 4: Confidential Community Recommendation*</td>
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<td>Part 5: High School/College transcript or GED certificate*</td>
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<td>Part 6: SAT or ACT scores (only one is required)*</td>
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<tr>
<td>Part 7: Income verification (Parents W-2 forms and copy of FAFSA application or worksheet)*</td>
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*Include these items in your application and place them in order as above. 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 a part your application 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 provide all requested information and send to:
Alma Young
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 2015-2016

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: ______________________________

Home Phone: ___________________________ Cell Phone: ___________________________

(Area) Number  (Area) Number

Mother/ Guardian's Name: ______________________________________________________

Address: ____________________________________________________________________

PO Box/Street  City  State  Zip

Father/Guardian's Name: ______________________________________________________

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 at Abraham Baldwin Agricultural College: ________________________

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, do not leave blank, indicate it by N/A.
The Goizueta Foundation Scholars Fund Scholarship
Abraham Baldwin Agricultural College, Tifton, Georgia

Part 2: Student Essay
Academic Year 2015-2016

Please attach an essay including each of the following:

- Your family history and educational background
- Involvement in school activities
- Past and current involvement in community service
- How is your Hispanic heritage relevant to your academic interests and planned career?
- Why did you choose to attend ABAC?
- How will receiving The Goizueta Foundation Scholars Fund Scholarship assist you in reaching your educational goals?

- Please be sure to include all of the information above in your essay.

- Essay Requirements:
  - Typed
  - Double-Spaced
  - No more than two full pages
  - Include a header with your name and academic year for which you are applying for
    - Ex: Alma Young  Academic Year 2015-2016

Use of separate sheet of paper to type your essay.
The Goizueta Foundation Scholars Fund Scholarship
Abraham Baldwin Agricultural College, Tifton, Georgia

Part 3: School/College Recommendation
Academic Year 2015-2016

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 a very 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:

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<th>Personal Qualities</th>
<th>Strong (3)</th>
<th>Average (2)</th>
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<td>Academic Potential</td>
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Highly Recommend _______ Recommend _______ Do Not Recommend _______

Please type the recommendation letter in official letterhead 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:

Alma Young
Abraham Baldwin Agricultural College
ABAC 22
2802 Moore Highway
Tifton, GA 31793
The Goizueta Foundation Scholars Fund
Abraham Baldwin Agricultural College, Tifton, Georgia

Part 4: Community Recommendation
Academic Year 2015-2016

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 a very 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:

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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 2015-2016

Student Name: ________________________________________________

Attachments - PLEASE READ CAREFULLY!

1. If applicant is a U.S. resident or citizen, you must file a 2015-2016 FAFSA (Federal Financial Aid) application. Please enclose a copy of your completed FAFSA 2015-2016 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 2015-2016 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.