APPLICATION PACKET for
The GOIZUETA NEED-BASED SCHOLARSHIP
At Abraham Baldwin Agricultural College
For Academic Year 2016-2017

To be eligible to receive The Goizueta Need-Based Scholarship you must:

- Be accepted to ABAC
- Be Hispanic/Latino
- Must have a minimum 2.5 overall GPA
- Demonstrate financial need
- Reside in the United States
- Submit a completed scholarship application packet

Once awarded:

- Student must maintain a 2.5 overall GPA and be enrolled for at least 12 credit hours throughout each 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 per semester
- 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: May 16, 2016.
Any application packet postmarked after May 16th will not be considered.

There are six parts to this application packet:

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<th>Part</th>
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<th>Completed</th>
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<td>Part 2</td>
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<td>Part 3</td>
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<td>Part 4</td>
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<td>Part 5</td>
<td>High School/College transcript or GED certificate*</td>
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<td>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. Be sure to check each box indicating that you included the documents. If you are missing any part, your application will not be considered!

Scholarships are awarded up to demonstrated need and are renewable for 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:
Peter Guevara
Abraham Baldwin Agricultural College
ABAC 22
2802 Moore Highway
Tifton, GA 31793
Part 1: Student Application*
Academic Year 2016-2017

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: _______ (Area Code) Number Cell Phone: ________________________________

(Month / Day / Year) (Area Code) 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 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, indicate it by writing “N/A.” Do not leave any blanks.
Part 2: Student Essay
Academic Year 2016-2017

Name: _______________________________________

Please attach an essay including each of the following:

- Your family history and educational background
- How is your Hispanic heritage relevant to your academic interests and planned career?
- Describe one obstacle related to your academics and how you overcame it
- Why did you choose to attend ABAC?
- How will receiving The Goizueta Need-Based Scholarship assist you in reaching your educational goals?

- Please be sure to include 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
    - Example: Peter Guevara Academic Year 2016-2017

*Use separate sheets of paper to type your essay.*
The Goizueta Need-Based Scholarship
Abraham Baldwin Agricultural College, Tifton, Georgia

Part 3: School/College Recommendation
Academic Year 2016-2017

Student’s Name: ___________________________ Phone #: ___________________________

Address: ____________________________________________________________

TO THE STUDENT Please take this form to a person in your academic 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>
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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:

Peter Guevara
Abraham Baldwin Agricultural College
ABAC 22
2802 Moore Highway
Tifton, GA 31793
The Goizueta Need-Based Scholarship
Abraham Baldwin Agricultural College, Tifton, Georgia

Part 4: Community Recommendation
Academic Year 2016-2017

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, Tifton, Georgia

Part 6: Income Verification
Academic Year 2016-2017

Student Name: ________________________________________________

Attachments - PLEASE READ CAREFULLY!
1. If applicant is a U.S. resident or citizen, you must file a 2016-2017 FAFSA (Federal Financial Aid) application. Please enclose a copy of your completed FAFSA 2016-2017 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 2016-2017 worksheet. This worksheet can be found at http://www.fafsa.ed.gov/ Print out worksheet and complete by hand. DO NOT SUBMIT A 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: _________________________________

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