APPLICATION PACKET for
The GOIZUETA NEED-BASED SCHOLARSHIP
at Abraham Baldwin Agricultural College
for Academic Year 2015-2016

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 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: **May 16, 2015.**
Any application packet postmarked after May 16th will not be considered.

<table>
<thead>
<tr>
<th>There are six parts to this application packet:</th>
<th>Completed</th>
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<tbody>
<tr>
<td>Part 1: Application*</td>
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<tr>
<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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<tr>
<td>Part 5: High School/College transcript or GED certificate*</td>
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<tr>
<td>Part 6: 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 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 Need-Based Scholarship
Abraham Baldwin Agricultural College, Tifton, Georgia

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: ____________________________ 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, do not leave blank, indicate it by N/A.
The Goizueta Need-Based Scholarship
Abraham Baldwin Agricultural College, Tifton, Georgia

Part 2: Student Essay
Academic Year 2015-2016

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
    - Ex: Alma Young  Academic Year 2015-2016

*Use of separate sheet of paper to type your essay.*
The Goizueta Need-Based 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>
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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 Need-Based Scholarship
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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form and recommendation letter to:

Alma Young
Abraham Baldwin Agricultural College
ABAC 22
2802 Moore Highway
Tifton, GA 31793
Part 6: 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 FASFA 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