GINA MARIA BARNES WARRIORS FOUNDATION | Est. 2014

LACROSSE SCHOLARSHIP APPLICATION 2025

APPLICATION DATE (mm/dd/yyyy): _____

STUDENT

Name: _____

Date of Birth: _____ E-Mail: _____

Address: _____

Phone: _____ High School: _____

Expected Graduation Date: _____

Cumulative G.P.A.(Weighted) _____ (Non-Weighted) _____

SAT SCORES _____

FAMILY INFORMATION (or Guardian if applicable)

	Mother	Father
Names:		
Address(es):		
Occupation:		
Income:		

Number of Children in Family and Ages: _____

_____

EDUCATIONAL INSTITUTION

Accepted by _____
(Name of Institution)

_____
(Address)

1. Please attach your unofficial transcript to this application. Please write scores in spaces provided; not, "see attached".
2. Please list your activities at your high school, community (including service clubs or projects), sports, civic groups and church activities in which you have taken part.
3. Please attach a Letter of Recommendation from a teacher, coach, or group or church leader.
4. Please attach an essay on why you want a college education and how you might use it to help others. The document format should be typed, double-spaced, and may not exceed 500 words.

The complete application package must be returned and post marked by Friday April 11 to
The Gina Maria Barnes Foundation, C/O Tony Christiani, 916 Fowler Road,
Westminster, MD 21157

Please include all attachments for your application to be considered.
No Incomplete Application Will Be Considered

A Scholarship Fund of the Community Foundation of Carroll County, Inc.