

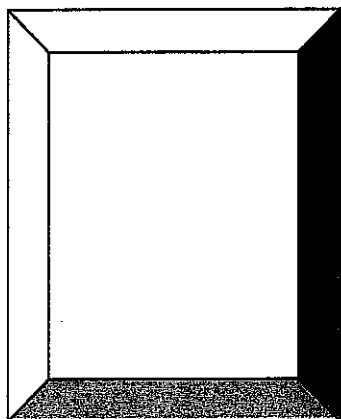


# **GOLDEN RULE FOUNDATION**

*"Do unto others as you would have them do unto you."*

Luke 6:31

P.O. BOX 3707 CORPUS CHRISTI, TEXAS 78463



## **A note to students:**

All senior high school students residing in participating counties are eligible to apply for the Golden Rule Scholarship. All application forms must be complete in order to be considered. Please attach a wallet-size photo in the box to the left, and include a copy of your student transcript. No supporting exhibits such as scrapbooks or portfolios should be submitted.

**APPLICATION MUST BE POSTMARKED BY APRIL 10, 2020**

### **APPLICATION CHECKLIST:**

**Faculty Recommendation**

**Student Bio**

**Photo**

**Transcript**

### **PERSONAL INFORMATION:**

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number (last 4 digits): \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

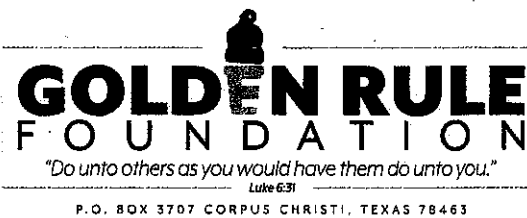
Name of Sibling(s): \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of siblings in college now: \_\_\_\_\_



**ACADEMIC INFORMATION:**

Name of High School: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

Your scholastic average for four years: \_\_\_\_\_

Your ACT or SAT scores: \_\_\_\_\_

Have you applied for admission to a college or university? \_\_\_\_\_

List Schools applied to:

\_\_\_\_\_  
\_\_\_\_\_

Have you been accepted? \_\_\_\_\_

List the name of institutions where you have been accepted:

\_\_\_\_\_  
\_\_\_\_\_

Have you been notified to receive additional scholarships to attend college?

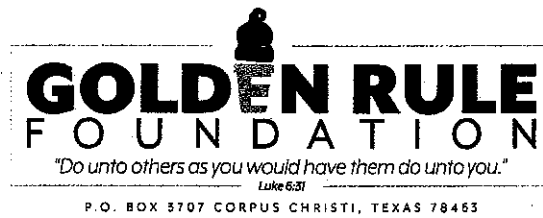
\_\_\_ Yes \_\_\_ No

List the name(s) of scholarships you have been notified to receive:

\_\_\_\_\_  
\_\_\_\_\_

List Extracurricular Activities and/ or Volunteer Organizations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Faculty recommendation:** In what ways do you feel the applicant has made an outstanding contribution in the school or community?

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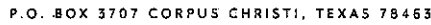
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Faculty member name: \_\_\_\_\_

Department/position: \_\_\_\_\_

Signature \_\_\_\_\_

[illegible]

Date \_\_\_\_\_