



TEXAS ASSOCIATION OF HEALTHCARE VOLUNTEERS, INC.
Gifts and Memorials Foundation, Inc.

APPLICATION FOR SCHOLARSHIP

\$1,000 per semester for up to 8 semesters

(Must Re-apply every semester using the Reapplication Form available on the TAHV website)

Applicant must be a Texas resident having completed at least two years of higher education or the hours equivalent; be a full-time student at an accredited Texas school; have a major in a healthcare field; be enrolled in 12 hours per semester; and have a 3.0 current and cumulative GPA. Application submission deadline is August 1 for the Fall Semester and January 15 for the Spring Semester.

Please complete the following form as fully as possible and return with an **official current transcript** and **proof of enrollment** to Scholarship Chairman – Lynda DeMasco, 27 Antelope Trail, Kerrville, TX 78028
Phone: (210-269-2402) Email (ldemasco@outlook.com)

Date of Application: _____

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State Zip Code

Home Phone: _____ Alternate Phone: _____

Email Address: _____ Student ID: _____

Birth Date: _____ U.S. Citizen: _____

Educational Background

Name of College Or University: _____ Classification: _____

Address of College Or University: _____

Projected Graduation Date: _____ Major: _____

Current GPA: _____ Cumulative GPA: _____

Other post-high school education: _____ Dates of Attendance: _____

Degrees Held – _____
Honors received _____

Family Information

Parent's Name: _____
Last First MI

Address: _____
Street Address Apartment/Unit #

_____ City State Zip Code

_____ Phone Number

Briefly state why you feel that you need this scholarship:

Is there any other information you would like the Foundation to consider:

Applicant's Signature

Date