



**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 – Sue Kaulfus, 621 Purple Sage; Seguin Texas 78155

Phone: (830-305-0501) Email (bskaulfus@yahoo.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