

Scholarship Application

Please indicate the scholarship for which you are applying :

Clarence Croy Memorial Scholarship

B.J. White Certification Scholarship

Wholesaler's Scholarship

Name: _____

Shop Name: _____

Address: _____

City: _____

Phone: _____ Cell: _____

Email: _____

Are you a paid GSFA Member: Yes: _____ No: _____

Of which District are you a member: _____

How do you plan to use the scholarship if awarded: _____

You must attach an essay explaining why a scholarship should be awarded to you, and two letters of recommendation from your employer, wholesaler, teacher or professional associate.

Signature: _____ Date: _____

Mail to:

Judy Moon, Scholarship Chairman

2393 Peachtree Road, NE

Atlanta, GA 30305

Phone: 404/233-4446
