



GAZA

Georgia Association of Zoning Administrators

BETTY GECONA SCHOLARSHIP APPLICATION

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The Georgia Association of Zoning Administrators (GAZA) is pleased to award a \$2,000 college academic scholarship each year to an entering Freshman or Upperclassman student who demonstrates superior academic achievements and has financial need. The scholarship is given in honor of Betty Gecoma, the founder of GAZA. The applicant must be an active GAZA member, or the child or grandchild of an active, retired, or deceased GAZA member. The scholarship will be awarded based on the information included in the application. Scholarship applicants may reapply for continued funding for up to a maximum of four (4) years, provided there is demonstrated academic progress and subject to review by the Scholarship Committee each year. Application submittal for the current academic year must be postmarked no later than May 31.

Scholarship Applicant Name: _____

Please mark one of the following selections as appropriate:

- ☐ Applicant is an active member of GAZA.
- ☐ Applicant is a child or grandchild of an active, retired, or deceased GAZA member.

If so, name of GAZA member: _____

Student Applicant Information:

Full Name: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Are you currently enrolled in school? ☐ Yes ☐ No

If yes, ☐ Full-time ☐ Part-time

Name and City of current school: _____

Latest reported grade point average (GPA) from this school: _____ During which term? _____

Latest reported test scores (as applicable): SAT _____ ACT _____

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Year in school during current academic year (freshman, sophomore, etc.): _____

Are you currently enrolled in school? ☐ Yes ☐ No

If yes, where? _____

Honors received: _____

Memberships (clubs, fraternities, other extracurricular

activities:

Hobbies / Interests:

List other financial sources for educational / living expenses, and note approximate annual amounts:

Parent or Legal Guardian Information (if applicable):

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Place of Employment: _____

College or University Information:

Name of School and City Location: _____

Intended field of study or major: _____

Payment Information:

If the scholarship should be awarded to you, the following payment option will be utilized:

1. One-half of scholarship will be awarded when confirmation of class schedule showing full-time schedule is received.
2. One-half of scholarship will be awarded when class schedule showing full-time schedule is received within the next nine months of the original award.

Where should the check(s) be sent:

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Please attach each of the following items with this application:

- A. Copy of most recent transcript or grade report (high school or college).
- B. Typed essay of between 100 and 500 words which answer the following questions:
 1. What are your career interests in life?
 2. How does this determine your field(s) of study?
 3. And, why have you those these?

I/we hereby certify to the best of my knowledge that all the information depicted on this application (including all attachments) is true and accurate. I/we agree that use of the scholarship funds shall be for enrollment or continuance of education in a recognized and/or accredited school such as a college, university, trade or technical school, business college, or others as may be approved by the Scholarship Committee. The funds shall be used for such purposes as tuition fees, books, school supplies, and other expenses while enrolled in the school.

Student Signature

Date

Parent or Legal Guardian Signature

Date

Submit completed application to:

GAZA
PO Box 1798
Rome, GA 30162