



2020

Gerl Lynn Daniel Scholarship Application

Applicant Personal Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Mailing Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

High School Applicant ONLY

Do you take dual credit or AP classes? Yes No

If yes, please list: _____

Have you been accepted into any colleges? Yes No

If yes, where do you plan to attend? _____

How many siblings are in the household? _____

In the 2020/2021 school year, how many household members will be attending college? _____

GPA (4.0 scale): _____ List academic achievements: _____

Undergraduate Applicant ONLY

What Institution do you attend? _____

What is your major? _____ Date Degree Expected: _____

GPA (4.0 scale): _____ List academic achievements: _____

Where do you reside? Dorm Apartment House Parents Home

Applicant Employment

Do you currently hold a job? Yes No If yes, please fill out the following:

Company Name: _____ How long have you been employed here? _____

Supervisor Name: _____ Supervisor Phone Number: _____

How many hours do you work each week? _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a scholarship award, I understand that false or misleading information in my application may result in my disqualification

Signature: _____ Date: _____

How do you foresee the United States moving forward beyond COVID-19?