



Georgia Association of Educators Foundation

2017 Scholarship Application for Certified Educators - Advanced Degree Program

Please complete the entire application (type in the spaces allowed or print legibly)

Name [first, middle, last]

Address

City, State, Zip

Telephone [home] [cell] [other]

Email [home]

Email [other]

Social Security Number Date of Birth

Currently Employed By

Telephone Number Fax

Georgia Teaching Certificate Identification Number

Name of College/University you plan to attend

Telephone Number Fax

List any financial aid, scholarships or grants you have been awarded for the upcoming year [submit additional page if necessary]

Are you a member of the Georgia Association of Educators (not a requirement to receive award)? Yes No

By signing this application form, I certify that all information is true and accurate

Signature Date

Checklist for scholarship application:

Application completed, signed and dated Essay enclosed Two letters of recommendation enclosed

Application packets must be postmarked by February 1, 2017. Mail or deliver to:

Georgia Association of Educators Foundation
Attn: Scholarship
100 Crescent Centre Parkway, Suite 500 | Tucker, GA 30084-7050