



City of Gary Scholars Student Application

Students please complete the application below to the best of your ability, Parent(s), Guardian(s), Teachers or Counselor's assistance may be required. Please attach any additional information that may be helpful in determining your eligibility.

Today's Date _____

Gender: Male Female

First Name _____ Last Name _____

Address _____ City, State, Zip: _____

Birthday: _____

Home Telephone: _____ Cell Phone: _____

Email Address: _____

Name of High School: _____

Offices Held in High School: (example – President of Student Council) _____

Intended Major or Career Goal: _____

College or Institution Student Plans to Attend: _____

Extra-Curricular Activities: _____

Interests or Hobbies: _____

GPA: _____

Work Experience: _____

ACT Score _____ SAT Score _____

Transcript:

Please request a transcript from your school's guidance counselor, provide with application.

Head of Household Information:

Father's Name _____

Mother's Name _____

Guardian's Name _____

Certification:

I certify that all information provided in this packet has been completed honestly and to the best of my ability and I agree to inform ECIER Foundation of any changes that may affect the processing of this application.

Signature of Applicant: _____ Date: _____

Name of High School: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of School Counselor: _____ Date: _____

Thank you for submitting your application, all information will be kept confidential.