

# ATLANTA RETIRED EDUCATORS ASSOCIATION (AREA)

## \$1000.00 SCHOLARSHIP APPLICATION

(Please type or print in blue or black ink.)

### APPLICANT INFORMATION

Name:		
Gender: F M (Circle one)	Age:	Phone:
Address:		
City:	State:	ZIP Code:
Email:		
Parent(s)/Legal Guardian(s) Name:		

### SCHOOL INFORMATION

School Name:	School Phone:
School Address:	
Homeroom Teacher's Name:	Grade/Section:
Cumulative GPA:	
Community Service:	
Educational Institutions applied to:	
Extracurricular Activities:	

### EXAM INFORMATION

SAT SCORE:		
Math:	Critical Reading:	Writing:
TOTAL:		
ACT Score:		

### FAMILY INCOME

Check the appropriate line that reflects the adjusted gross income of parent(s) or legal guardian(s) from IRS Form 1040.

Under \$30,000.00 _____
\$30,000 - \$50,000 _____
\$51,000 - \$75,000 _____
\$76,000 - \$100,000 _____
Number of Individuals living in household:

### SIGNATURES

I authorize the verification and validity of the information provided on this form.

Signature of applicant:	Date:
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**Mail the completed applications and all supporting documents to:**  
**Atlanta Retired Educators Association**

Attn: Scholarship Committee Chairperson

P. O. Box 42683

Atlanta, GA 30311-9998