

What type of funding are you requesting? Grant Loan Amount \$ _____
 Explanation for current application request: Tuition \$ _____ Books \$ _____
 Other Fees _____

Please list two professional reference and one personal reference:

Name _____ Relationship _____
 Address _____
 Telephone _____ Fax/Other _____
 Email _____

Name _____ Relationship _____
 Address _____
 Telephone _____ Fax/Other _____
 Email _____

Name _____ Relationship _____
 Address _____
 Telephone _____ Fax/Other _____
 Email _____

An application must be filed for each semester/quarter and must be received in the GPHSA office one week prior to the Foundation Trustee Meeting. Please call the office for dates to be assured of consideration.

 Signature Date

Date received in GPHSA office: _____ Date received by Foundation Trustees: _____

Application Grant or Amount
 Approved Loan Approved \$ _____

Notes/Explanation: _____

 Foundation President Signature Date

Document can be submitted by email attachment or regular mail

GPHSA

**P. O. Box 1219
 Covington, GA 30015-1219**

phone 404 694 2588

website: www.gphsa.org