



Raymond Gordon Memorial Scholarship

Part I – Applicant Information

Last Name _____ **First Name** _____ **Middle Initial** _____

Address _____

City _____ **State** _____ **Zip** _____

County _____

Social Security Number _____ - _____ - _____ **Birthdate** _____

Phone () _____ **Cell** () _____

Email _____

Part II – Permanency Information

☐ Adoptive Family ☐ Group Home ☐ Foster Family ☐ Independent Living
☐ Kinship ☐ Permanent Legal Guardianship ☐ Other (specify) _____

Part III – Educational Information

Name of School _____

Address _____

City _____ **State** _____ **Zip** _____

Phone () _____ **Fax** () _____

Counselor/Advisor _____ **Current GPA** _____

Do you participate in (check all that apply):

☐ Scholar's classes ☐ Honor's classes ☐ Dual Enrollment ☐ International Baccalaureate

Extra Curricular Activities

Awards/Recognitions

Name of institution you plan to attend for the 2019-2020 academic year. (Use official name)

_____ City _____ State _____

Type of School☐ 4 yr. college/university ☐ 2 yr. community/junior college ☐ Vocational/Trade School**Student will be enrolled** ☐ Full-time ☐ Part-time**Has application been made to school?** ☐ Yes ☐ No Accepted? ☐ Yes ☐ No**Intended Major** _____**Career Goals** _____**Essay**

On a separate sheet of paper briefly write about the impact your family has had on your life and how you will use your experience in the child welfare system to make a positive impact on the lives of others. **(500 words or less)**

Certification

I acknowledge that the application for scholarship does not guarantee award and that the decision of the TRAC Services for Families Scholarship Review Team shall be final. I also certify that the information provided is true and complete to the best of my knowledge. Falsification of information or failure to maintain the stated GPA (2.0) may result in future ineligibility for scholarship funds.

Applicant Signature _____ Date _____

Parent/Guardian/Caseworker Signature _____ Date _____

Mail completed application to:

**TRAC Services for Families
Scholarship Review Committee
Gateway View Plaza
1600 West Carson St
Pittsburgh, PA 15219**

All information must be postmarked by June 19, 2019

Raymond Gordon Memorial Scholarship

Reference Form

Applicant Name _____

The above named student is applying for the Raymond Gordon Memorial Scholarship to assist in defraying the cost of pursuing higher education. You are being asked to assist the applicant in the scholarship process by submitting a reference on their behalf.

- 1 How long have you known the applicant? _____
- 2 In what capacity? _____
- 3 Are you aware of the applicant's desire to further his/her education beyond high school?
☐ Yes ☐ No
- 4 Briefly describe the applicant _____

- 5 What characteristics does the applicant possess that will make him/her successful in their future endeavors _____

- 6 Any additional information? _____

Signature _____ **Date** _____

Printed Name _____

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8 In what capacity? _____

9 Are you aware of the applicant's desire to further his/her education beyond high school?

☐ Yes

☐ No

10 Briefly describe the applicant _____

11 What characteristics does the applicant possess that will make him/her successful in their future endeavors _____

12 Any additional information? _____

Signature _____ **Date** _____

Printed Name _____

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