

# GOLDIE GRAY- PAT HEYREND FOUNDATION

## *College Application*

### **GOLDIE GRAY-PAT HEYREND**

Foundation, Inc. is a nonprofit corporation. The purposes of this corporation is to promote the means and opportunities for the education of special needs children enrolled in elementary or secondary schools, whether attending private or public schools located in the State of Idaho, and to promote the means and opportunities of the education of college students at institutions of higher learning as designated by the Board of Directors without regard to race, creed, color, religion, sex, or national origin.

Monetary assistance may be applied toward: tuition of local college or university; specialized programs; materials or equipment for elementary, secondary, or high school; or other special needs as approved by the foundation. Funds are directed to the institution or program, not the individual. Reapplication for continued assistance may be granted after review of program success, GPA or transcripts.

This application asks you to describe what educational assistance would most benefit you in your career goals, as well as the reasons why you hope to be selected. Consider each section carefully and respond to the best of your ability. Your application and personal references help create a full picture of you.

***Funds are available on an annual basis. The application deadline is June 1st; any application received after June 1st will not be considered, and the applicant will need to reapply for the following year.***

Goldie Gray – Pat Heyrend Foundation, Inc.  
22900 Conrad Ct.  
Middleton, ID 83644

## **I. PARTICIPANT APPLICATION**

1. Name: Last	First	Middle Initial
<hr/>		
2. Social Security Number		
<hr/>		
3. Date of Birth (Month/Day/Year)		
<hr/>		
4. Current Address	Apt. #	
<hr/>		
City, State, Zip		
<hr/>		
5. Permanent Address	Apt. #	
<hr/>		
City, State, Zip		
<hr/>		
6. Telephone Number Daytime ( )	Evening ( )	
<hr/>		
7. Are you a U.S. Citizen or Permanent Resident Alien?	Yes	No
<hr/>		
8. Date Assistance Needed	Month	Year
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## II. PERSONAL STATEMENT

Please answer the following questions. (attach addition page )

*That Woman is a Success...*

*who loves life and lives it to the fullest;*

*who has discovered and shared the strengths and talents that are uniquely her own;*

*who puts her best into each task and leaves each situation better than she found it;*

*who seeks and finds that which is beautiful in all people, and all things;*

*whose heart is full of love and warm with compassion;*

*who has found joy in living and peace within herself.*

1. Why do you desire educational opportunity assistance?  
(500 word maximum)

2. What educational experience or materials will most help you in this pursuit? (500 word maximum)

3.

*The influence of Goldie and Pat will live on as the Foundation established in their names.*

4.

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## III. COMMUNITY ACTIVITIES

List and describe any adult or youth organization memberships and community-based service involvement. Include social, school, volunteer, professional, and neighborhood projects and programs.

Name of Group	Dates of Participation	Position/Description of Activities

## IV. EDUCATIONAL BACKGROUND

*Please attach recent transcript*

- |  |   |
|--|---|
| 1. <input type="checkbox"/> Some college         | 4. <input type="checkbox"/> Technical school/Apprenticeship       |
| 2. <input type="checkbox"/> Associate degree     | 5. <input type="checkbox"/> High school graduate                  |
| 3. <input type="checkbox"/> GED                  | 6. <input type="checkbox"/> Currently enrolled in an Idaho school |
| 7. <input type="checkbox"/> Other, specify _____ |   |

Beginning with the most recent, list all schools attended, including high school, any trade or technical schools, Job Corps, etc.

Name of School	Location of School City/ State	Dates Attended From Month/Year To Month/Year	Area of Study Major/Minor	Type of Degree/Certificate and Date Received (expected)

## V. REFERENCES

List two individuals whom we may contact as references. We encourage you to list people who know you well, such as teachers, employers, guidance counselors, or community members.

1. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 Relation to you \_\_\_\_\_
  
2. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 Relation to you \_\_\_\_\_

## VI. EMPLOYMENT RECORD

Please include any self-employment, home management, military service, full or part-time, salaried employment. Start with your current or most recent employer. Photocopy this page if additional sheets are necessary.

Employer:	Name of Supervisor:	Phone: (    )
Address:	City, State, Zip:	
Title:	Hours per week:	From: month    year    To: month    year
Responsibilities:		
Reason for leaving:		

Employer:	Name of Supervisor:	Phone: (    )
Address:	City, State, Zip:	
Title:	Hours per week:	From: month    year    To: month    year
Responsibilities:		
Reason for leaving:		

Employer:	Name of Supervisor:	Phone: (    )
Address:	City, State, Zip:	
Title:	Hours per week:	From: month    year    To: month    year
Responsibilities:		
Reason for leaving:		

**VII. STATISTICAL DATA (For Research Only)**

1. Do you have any special needs that require accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please specify: \_\_\_\_\_
2. Does your family receive public assistance. (e.g. AFDS, Food Stamps, Workers' Comp., Social Security)  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify: \_\_\_\_\_
3. Total annual household income from all sources. \_\_\_\_\_
4. How many people live with you? (parents, siblings, children) \_\_\_\_\_
5. Have you previously or are you currently receiving education financial assistance?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, when (month/day/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Type/amount of assistance:  
➤ Financial Aid \$ \_\_\_\_\_  
➤ Scholarship \$ \_\_\_\_\_  
➤ Grant \$ \_\_\_\_\_  
➤ Other \$ \_\_\_\_\_ (Please specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

**VIII. ADDITIONAL INFORMATION**

Please attach current transcripts and any additional information you think will help us evaluate your application, including a description of any particular hardship or special circumstances you have faced.

**IX. CERTIFICATION**

All applications must be signed by the applicant. By signing this application, you are stating that all the information provided is true to the best of your knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date