

2021 GSL RELEASE FORM

Print this page, provide correct e-mail, complete questions and sign document, then submit with application.

The Girls Service League, Inc. (GSL) requests permission to use personal information about you in connection with your participation in our scholarship program. The information will be limited to your name and the school at which you plan to use the scholarship funds.

E-mail Address: (please verify e-mail address)

Please circle yes or no as indicated and then sign below.

- The Girls Service League may use my NAME as a part of any publicity for the program.

Circle one: Yes No

- The Girls Service League may use the name of my SCHOOL as a part of any publicity for the program.

Circle one: Yes No

- The Girls Service League may use a photograph or video of you. We may use any photograph or video you have furnished to us.

Circle one: Yes No

Signature of applicant

___/___/___
Date

E-mail us at girlsserviceleague@att.net | Visit us at www.girlsserviceleague.org

GSL CONSENT FORM
CRITERIA FOR EDUCATIONAL SCHOLARSHIPS

Print this page, fill in name, sign and date document then submit with application.

I hereby acknowledge the information on this application is true and correct. I understand I must register and maintain a minimum course load of twelve (12) hours. I agree to report any additional resources which may become available to meet my tuition cost after completion of this form realizing aid already awarded to me may be revised.

To remain eligible for this scholarship, I understand I must maintain a 3.0 GPA or better. An official transcript must be e-mailed to Girls Service League, Inc. before a continuing scholarship will be funded.

I, _____ assume the responsibility for submitting required information to Girls Service League, Inc. by the deadline, Thursday, January 20, 2022, to allow for appropriate time to process my application.

Applicant's Signature

____/____/____
Date

SCHOLARSHIP APPROVAL	(for official use only)
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GIRLS SERVICE LEAGUE, INC.

BY: _____

AMOUNT OF SCHOLARSHIP: _____

DATE APPROVED: _____

Reviewer's Comments:
