



HGCI SCHOLARSHIP APPLICATION FORM

Applicant: _____
first name middle initial last name

Email: _____ Phone: _____

Name of College: _____ Enrollment Date: _____

Admissions Address: _____ Phone: _____
street (for college admissions)

_____ city state zip code

HGCI MEMBER INFORMATION

Name: _____

License Number: _____

Address: _____ Phone: _____

How many years have you been a member of HGCI: _____

Relationship to Applicant: _____

Have you previously served on the HGCI Board of Directors? _____

If so, what position did you hold and for what year(s)? _____
