



APPLICATION CHECKLIST

Required Documents (new applicants)

- Letter from doctor certifying that the applicant is HIV positive or has AIDS
- Official transcripts from high school showing cumulative GPA
- Letter of acceptance from school of higher education
- Official transcripts from college or university if applicable
- If you experienced any health-related issues that affected your grades, please submit a doctor's letter attesting to this fact
- Three letters of recommendation attesting to motivation and character of applicant
- A recent photograph of the applicant
- Minimum 500-word essay:

Briefly explain your hopes, plans and goals for the future and how your schooling will help lay a path to fulfilling these. What motivates you to pursue a higher education? What subjects do you plan to study? What led you to this path of study?



APPLICATION CHECKLIST

Required Documents (previous applicants & recipients)

- Official transcripts from college or university since your last application submission
- If you experienced any health-related issues that affected your grades, please submit a doctor's letter attesting to this fact
- Proof of registration for next academic quarter/semester
- A recent photograph of the applicant
- Minimum 500-word essay:

Tell us about your collegiate experience thus far. What experiences and lessons have you taken away from your time there? In what ways are you making an impact there? Are you facing challenges that you didn't anticipate? What are they and how are you managing and overcoming those challenges? What keeps you motivated to rise above and see your higher education through?

Joshua Gomes

Memorial Scholarship Fund

I am a New Applicant.

I am a Previous Applicant or Recipient, from the following Year(s): _____

Applicant Information

_____ _____
Full Name ("Anonymous" will be used)

Alias (optional)

Address

City

State

Zip Code

Date of Birth

Email Address

College/ University Information

College/University

State

Major(s)

Minor(s)

Organization(s)

Volunteer Information

Organization Name

Hours Volunteered

When

Contact Person

Contact Information

Description of Work

Signature

I, the undersigned, certify that I meet the *Eligibility Requirements* for consideration of The Joshua Gomes Memorial Scholarship Fund and that this *Application Form* and *Required Documents* are accurate and complete to the best of my knowledge as it pertains to myself as the applicant.

Signature of Applicant

Date

Name of Parent or Legal Guardian if under 18.

Date

Signature of Parent or Legal Guardian if under 18.

Date