

**Georgia Association of Professional Private Investigators Scholarship Application**

**1. APPLICANT INFORMATION:**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

**2. GAPPI SPONSOR INFORMATION:**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Cell: \_\_\_\_\_

Email(s): \_\_\_\_\_

GAPPI member since: \_\_\_\_\_ Relation to applicant: \_\_\_\_\_

**3. EDUCATION HISTORY – High School/College Education**

**High School/College Education:** Please list the most recent school attended first (supplement this section on separate page if additional space is needed) and provide the following information.

Name, Address, Phone, Contact	Dates Attended	GPA	Class Rank/Size	Graduation Date
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An official copy of applicant's college/high school (or international equivalent) transcript **MUST** be attached.

4. **SOCIAL MEDIA ACCOUNTS**

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5. **VOLUNTEER SERVICE** - Please include volunteer service information and attach confirmation of service to this application.

I hereby certify that the foregoing information submitted on/with this application is true and Correct. I also authorize the publication of my photograph/likeness at the GAPPI Annual Conference and within the GAPPI newsletter and will submit to the Scholarship Committee Upon request.

**APPLICANT'S NAME (Print):** \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**DATE OF SIGNATURE:** \_\_\_\_\_

**GAPPI SPONSOR:**

I have reviewed the foregoing application and have determined the information on and attached to it is true and correct to the best of my knowledge. I certify that I am:

- a. An Active GAPPI member in good standing with all dues paid in full to date.
- b. A retired GAPPI member (in accordance with the current BYLAWS of the association)

**SPONSOR'S NAME (Print):** \_\_\_\_\_

**SPONSOR'S SIGNATURE:** \_\_\_\_\_

**DATE OF SIGNATURE:** \_\_\_\_\_