

THE GILES M. GILLEY SCHOLARSHIP

Given by
IRD ASSOCIATION INC

APPLICATION INFORMATION (PRINT CLEARLY)					
NAME:	First	Middle	Last	Date of Birth (MM/DD/YYYY)	
Address:	Number	Street	City	State	Zip Code
Telephone:	Work	Home	Cell (not required)	Email Address	

IRD ASSOCIATION INC.

Parent or Legal Guardian	Place of Employment	Occupation
IRD Membership Status	Active <input type="checkbox"/>	Associate <input type="checkbox"/>
	Operations <input type="checkbox"/>	Exempt <input type="checkbox"/>

List extracurricular school activities and offices held, community service participation, association affiliations, social groups and hobbies.

Write a short essay on your need for this scholarship. Also mention any other scholarship funding you have already received.

High School or College Transcript must be included with this application.

Deadline: August 31st each year.

Signature: _____

Date: _____