

**STUDENT APPLICATION FOR
GEORGIA FISCAL MANAGEMENT COUNCIL
SCHOLARSHIP
2009-2010 SCHOOL YEAR**

REQUIRED INFORMATION:

In order to be considered for the scholarship, the following information MUST be provided:

- Completed Application.
- Endorsement by the Department Chairperson of your current college/university (have chairperson complete the attached form) for either undergraduate or graduate program.
- Copy of College Transcript sent directly to the committee chair listed below.
- Written description of career goals, including why you desire to work for the State of Georgia.

Submit the information above to:

**Kendra Mitchell
Scholarship Committee Chair
House Budget Office
Coverdell Legislative Office Building
18 Capitol Square, Room 412
Atlanta, GA 30334**

ALL APPLICATIONS MUST BE POSTMARKED NO LATER THAN **September 15, 2009.**

Applicants will be notified of award by **October 31, 2009. Award(s) will be presented at the FMC winter dinner meeting (date/time TBD).**

**STUDENT APPLICATION FOR
FISCAL MANAGEMENT COUNCIL
SCHOLARSHIP
2009-2010 SCHOOL YEAR**

Date _____

Applicant Name _____ Email Address _____

Home Mailing Address: _____

Phone #: (Work) _____ (Home/Cell) _____

Current Employment:

Name: _____

Address: _____

**PLEASE COMPLETE THE INFORMATION REQUESTED ON THE FOLLOWING
PAGES OF THIS APPLICATION**

**ENDORSEMENT BY THE DEPARTMENT CHAIRPERSON AT YOUR CURRENT
COLLEGE/UNIVERSITY IS REQUIRED – Required for both Undergraduate and
Graduate Applicants**

I have reviewed this application and recommend consideration of this student for a \$1,000 scholarship from the Georgia Fiscal Management Council.

SIGNATURE _____

NAME _____

TITLE _____

DEPARTMENT _____

COLLEGE SENIOR AND RISING COLLEGE SENIOR STUDENTS

APPLICANT

NAME:

NAME OF UNIVERSITY/COLLEGE CURRENTLY ENROLLED

MAJOR FIELD OF STUDY _____ DEPARTMENT _____

GRADE POINT AVERAGE (MAJOR) _____

CUMULATIVE GRADE POINT AVERAGE _____

ANTICIPATED GRADUATION DATE _____

QUARTER HOURS COMPLETED _____ SEMESTER HOURS COMPLETED _____

Please complete the following if you have attended OTHER schools

GRADE POINT AVERAGE IN MAJOR COURSES AT OTHER SCHOOLS (Include Name of School):

CUMULATIVE GRADE POINT AVERAGE AT OTHER SCHOOLS (Include Name of School):

LIST EXTRACURRICULAR ACTIVITIES, HONORS AND/OR AWARDS:

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REQUIRED: In no more than two (2) pages, describe how you envision using your degree to benefit the State of Georgia. In your write-up, describe why you want to pursue a career in state government and what your plans are upon graduation. If you are currently working for state government, please include your department, job title and length of time in state government. **Note: your application will not be considered unless this information is received.**

Signature _____

GRADUATE STUDENTS

APPLICANT NAME _____

NAME OF SCHOOL (Undergraduate) _____

UNDERGRADUATE GRADE POINT AVERAGE, MAJOR AND DATE OF GRADUATION _____

NAME OF SCHOOL (Graduate) _____

GRADUATE STUDY FIELD _____

GRADUATION DATE _____

GRADUATE GRADE POINT AVERAGE _____

LIST HONORS AND AWARDS _____

REQUIRED: In no more than two (2) pages, describe how you envision using your degree to benefit the state of Georgia. In your write-up, describe why you want to pursue a career in state government and what your plans are upon graduation. If you are currently working for state government, please include your department, job title and length of time in state government. **Note: your application will not be considered unless this information is received.**

Signature _____