



**GYAC**  
GIFFORD YOUTH ACHIEVEMENT CENTER

**GIFFORD YOUTH ACHIEVEMENT CENTER, INC.**  
**4875 43<sup>rd</sup> Avenue, Vero Beach, FL 32967**  
***Sam E. Moon & The Community Church of Vero Beach***  
**2017 Vocational Scholarship Application**

**ELIGIBILITY CRITERIA**

- Adults 18 years of age and older.
- **Preference will be given to individuals that reside in the Gifford community.**
- Enrolled in vocational training not to exceed two (2) years.
- Must demonstrate the ability to pay for the remaining tuition/fees if provided a scholarship.

**APPLICATION PACKET CONTENT**

**1. Scholarship Application**

**2. Reference Letter**

Submit a Letter of Reference from one of the following organizations:

- Pastor/Church official
- Employer (past or current)
- Business or community organization official

**3. Submit verification of income.** If unemployed, please provide a statement on how you are managing financially.

**4. Verification of college admission -** Applicant must submit a class registration that includes the cost of the course. If awarded a scholarship, the disbursement check will be made payable to the student AND the academic institution.

**5. Interview**

An interview with the GYAC Scholarship Committee is required.

**\*\* Background check**

Certain career fields; i.e., nursing, law enforcement, etc., require a background check prior to employment. Students pursuing training in these fields may be subject to a background check prior to disbursement of scholarship funds.

**APPLICATION TIMELINES:**

<b>Course Begins</b>	<b>Application Deadline</b>
4/1/17 – 6/30/17	March 15, 2017
7/1/17 – 9/30/17	June 15, 2017
10/1/17 – 12/31/17	Sept. 15, 2017
1/1/18 – 3/31/18	Dec. 15, 2017

**\*\*Scholarships applications submitted after the deadline will be considered during the next application cycle.**



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**Student Profile:**

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

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

**(Copy of Driver License required)**

City/State/Zip Code: \_\_\_\_\_

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

(If different from your physical address)

City/State/Zip Code: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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

**Academic Profile:**

Highest educational level: \_\_\_\_\_

Desired Career field/major: \_\_\_\_\_

Currently enrolled in college/vocational training?  Yes  No

If yes, name of College: \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

If yes, expected date of completion? \_\_\_\_\_

If yes, current Grade Point Average (GPA)? \_\_\_\_\_

**(Copy of transcript may be requested)**

Do you have work experience in your desired career field/major?  Yes  No

**Career Goals:** Briefly state your career goals in twenty-five words or less.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**Family Profile:**

Marital Status:  Single  Head of Household  Divorced

Number of people that live in your household: \_\_\_\_\_

# of adults in household: \_\_\_\_\_ # of children in household: \_\_\_\_\_

Employed:  Yes  No If yes, monthly income: \_\_\_\_\_

**Submit two (2) months of pay stubs**

If yes, place of employment: \_\_\_\_\_

Do you receive any of the following types of assistance (check all that apply and submit verification):

TANF  Food Stamps  Medicaid  SSI  SS Disability

**Character References:**

1. \_\_\_\_\_  
Name Telephone Number

2. \_\_\_\_\_  
Name Telephone Number

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**Office Use Only:**

Application  Reference Letter  Proof of Income  Tax Return

Proof of assistance  Interview  Background Check